

"SALUS POPULI SUPREMA LEX"

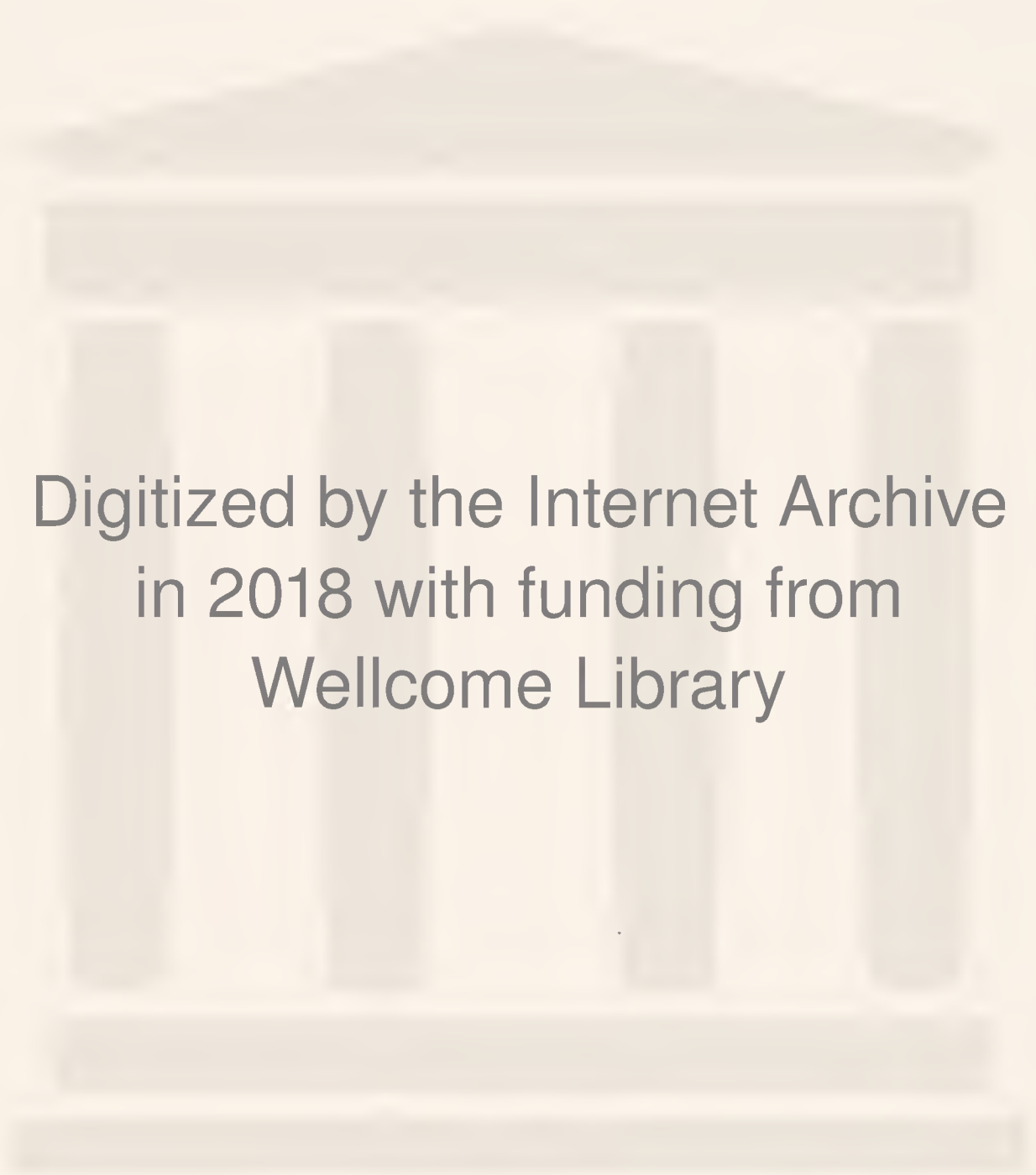


CITY OF PORTSMOUTH

THE HEALTH OF THE CITY OF PORTSMOUTH 1967

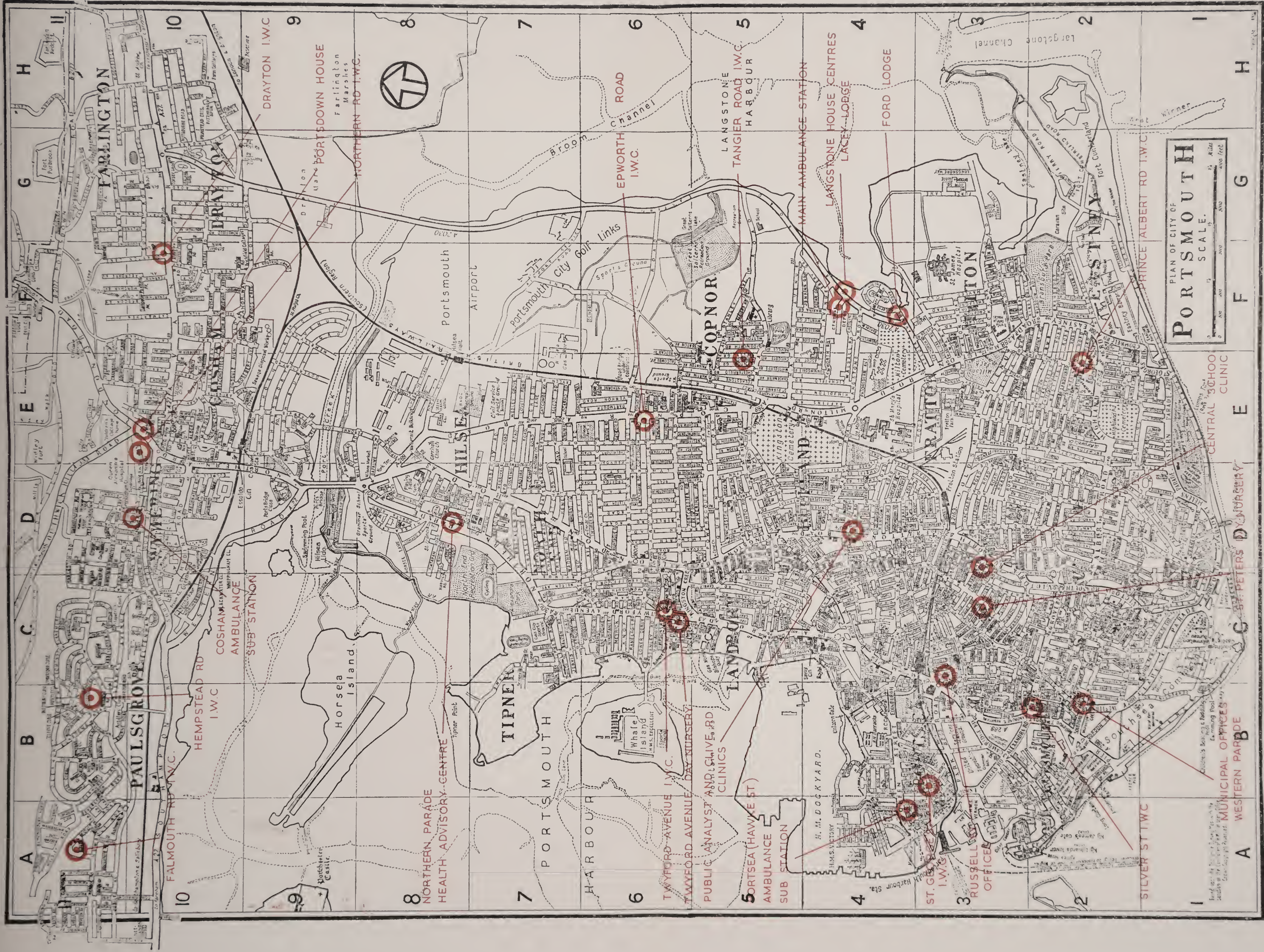
PETER G. ROADS
M.D.(Lond) D.P.H.
MEDICAL OFFICER OF HEALTH
*Principal School Medical Officer
and Port Medical Officer*

ANNUAL REPORT OF THE
MEDICAL OFFICER OF HEALTH
including
THE REPORT OF THE PUBLIC ANALYST



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PLAN OF CITY OF
PORTSMOUTH
SCALE.
0 1 2 3 4 5 6 7 8 9 10
Miles
0 1 2 3 4 5 6 7 8 9 10
Kilometres

MUNICIPAL OFFICES
WESTERN PARADE

C. ST. PETERS' NURSERY

CENTRAL SCHOOL CLINIC

PRINCE ALBERT RD I.W.C.

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The Right Worshipful the Lord Mayor
COUNCILLOR MAJOR D. D. CONNORS, J.P.

HEALTH COMMITTEE

1967–1968

Chairman

COUNCILLOR L. C. ROGERS, F.R.S.H., F.H.A.

Vice-Chairman

COUNCILLOR MISS P. LOE, M.B.E., S.R.N., R.M.N.

Alderman

J. P. D. LACEY

Councillors

MRS. P. T. BULFORD

R. R. HANCOCK—From 15.12.67

W. G. HUNT

J. R. H. LEWIS

J. T. O'DRISCOLL

MISS M. SEAMAN

D. B. SKELTON

MRS. K. I. D. STANLEY-EDWARDES

MISS M. W. SUTCLIFFE

DR. V. H. TOMPKINS—To 14.12.67

Co-opted Members

DR. C. N. BURNHAM SLIPPER—To 14.12.67

MR. D. J. DOWNHAM

MR. K. G. DRYDEN

MR. D. LINDSEY

DR. K. A. WOOD—

From 15.12.67

SENIOR MEMBERS OF HEALTH DEPARTMENT STAFF

*Medical Officer of Health,
Principal School Medical Officer,
Chief Administrative Medical Officer to the City Council and
Medical Officer of Health to the Port of Portsmouth*

P. G. ROADS, M.D., D.P.H.

*Deputy Medical Officer of Health and Deputy Principal
School Medical Officer*

T. HALL, M.A., M.B., B.CHIR., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Senior Medical Officer, Maternity and Child Welfare and Geriatrics

N. MERCY PLOWRIGHT, M.B., CH.B., D.P.H., D.C.H.

Senior Medical Officer Mental Health Services

R. G. CONGDON, M.B., B.S., D.P.M., D.M.J.

Senior Medical Officer School Health Services and Civil Defence

D. D. HILTON, M.B., CH.B., D.P.H., D.R.C.O.G., D.T.M.&H.

Vaccination and Immunisation Medical Officer

E. D. B. WOLFE, E.D., M.B., CH.B., D.P.H.

Departmental Medical Officer, Maternal and Child Welfare

AUDREY E. STEWART, M.B., CH.B., D.R.C.O.G.

Chief Health Inspector

W. F. APPLETON, F.R.S.H., F.A.P.H.I.—Until 28.2.67

W. MEREDITH, M.R.S.H., M.A.P.H.I.—From 1.5.67

Principal Administrative Assistant

A. HEALEY, LL.B., A.C.C.S.

Superintendent Portsmouth Victoria Nursing Association

MISS V. L. LOOKER

Superintendent Health Visitor

MISS D. O. LEARMONT, S.R.N., S.C.M., H.V.CERT., CERT. NURSING ADMIN.
(PUBLIC HEALTH)

Supervisor of Midwives

MISS D. J. KINSEY, S.R.N., S.C.M., M.T.D.

Ambulance Officer

T. F. WARD, F.I.A.O.

Joint Appointments with Regional Hospital Board

Consultant Chest Physician

J. H. DADDS, M.B., B.S., M.R.C.P.

Chest Physician

J. C. HESKETH, M.B., B.S.

Venereologist

J. M. COUCHMAN, B.M., B.CH., M.R.C.S., L.R.C.P.

Consultant Paediatrician

J. H. MOSELEY, M.A., M.B., B.CHIR., F.R.C.P., M.R.C.S.

Public Health Department,
1 Western Parade,
Portsmouth.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to report on the health of the City of Portsmouth for the year 1967.

STATISTICS

The estimated mid-year population again showed a small increase compared with the previous year. The total number of legitimate births fell slightly and the percentage of illegitimate births increased to what is probably the highest figure ever recorded for Portsmouth, 14·45% of the total live births. Illegitimacy can be regarded as an important index of social change and it is obvious to most people, if not to all, that our rapidly altering society with its clashes of values and divided opinions on chastity before marriage, contraception, family planning and the desirability or otherwise of legalized abortion provides a very troublesome milieu for the developing adolescent. The number of premature births which occurred was also higher than last year. More encouragingly the infant mortality rate was well down and less than the national average. However, if the illegitimate infant mortality rate is considered alone, then the figure shows a marked increase over 1966. Indeed, the illegitimate neo-mortality rate, especially the early neonatal mortality rate, e.g., deaths occurring under one week, shows a very striking increase over last year's figure.

Whilst the maternal mortality rate for the City remains ideally at zero, the illegitimacy rates must be a cause for great concern. This problem requires immediate preventive action and the rate indicates the urgency of carrying out further research into the causation and alleviation of illegitimacy as a social problem. Also, whilst rates can only indicate the bare bones of a problem in an impersonal fashion, it is not yet possible to estimate to even this extent the total added risks which will be experienced by those illegitimate children who survive the first year of life in terms of future handicap, whether this handicap be physical, mental or emotional.

An examination of some of the causes of death recorded in Portsmouth over the past five years reveals some interesting trends. Deaths from bronchitis have increased every year since 1964, although they are not yet back to the high figures recorded in 1962 and 1963 (247 deaths and 183 deaths respectively). Cancers of the lung and bronchus show a gradual increase, whereas cancers of the uterus show a decline in numbers. Coronary thrombosis deaths remain fairly stationary, but deaths due to hypertensive heart disease are fewer. Our accident and suicide rates unfortunately remained at an unsatisfactory level, but it is interesting that this year only one death occurred which was attributed to influenza.

MATERNITY AND CHILD WELFARE AND GERIATRICS

In 1967 the radio telephone system for midwives was introduced. At first a pilot scheme was tried and this proved so successful that the system was adopted generally. It has greatly improved the efficiency of the domiciliary midwifery service saving both time and money. Another, perhaps less dramatic but important improvement and time saver was made during the year by the introduction of disposable confinement packs.

The Cervical Cytology Service started on 6th February, 1967. On the whole patients have been slow to avail themselves of this Service, and this is

somewhat surprising considering the demand expressed before the scheme came into operation. In terms of positive results the yield has been very small. Whilst this is, of course, a fortunate happening as far as the patients themselves are concerned it does provide grounds for extra thought on, perhaps, the differences between the rather small number of people who have presented themselves for examination and the large number of people who ought to be examined, but whom we have not been able so far to persuade to come forward.

During the year the Lord Mayor's Appeal for the Very Young Handicapped Children in Portsmouth was launched. The object of this Appeal was to establish a unit for these children which would be sited as part of the Twyford Avenue Day Nursery. Response was extremely encouraging and at the end of the year I can report that plans were well advanced to build and equip the unit to start operations in the latter part of 1968.

In the geriatric field the growth of the Night Attendant Service, in response to considerable and increasing needs, has been remarkable. The Service was ably described by the Deputy Superintendent Health Visitor and the Administrative Assistant (Geriatrics) in the *Nursing Mirror* on 29th December, 1967. The Geriatric/Health Visitor Liaison Scheme became operative during the year and now takes its place in the pattern of the other liaison schemes, i.e., with general practitioners and with the paediatric departments of the hospitals. In addition, in 1967, the Department was asked to take part in the Ministry of Health's Nutrition for the Elderly Survey which is referred to by the Senior Medical Officer on page 33.

HEALTH CENTRES

1966/67 was a frustrating year as far as the development of health centres in Portsmouth was concerned. By the end of the year little headway had been made. It does not now seem that the work on the first Portsmouth health centre will be started until the spring of 1969 at the earliest.

THE AMBULANCE SERVICE

During the year there was a sharp increase in emergency cases. Over the past five years there has been a 32% increase in this type of case. It is interesting to note that an increased number of these cases related to incidents where no injured party was involved, and demonstrates the increased awareness of the public to the emergency call system.

MENTAL HEALTH

The Senior Medical Officer for Mental Health Services draws attention in his report to the specific problems experienced in operating a 24 hour Mental Health Service within a Local Authority framework. In addition the accommodation deficiencies inherent in our present office situation are commented on page 51. It is sincerely hoped that it will be possible to remove the entire Health Department to some more suitable location within the next year or so. It seems highly undesirable to say the least that the Department chiefly concerned with enforcing the provisions of the Offices, Shops, and Railway Premises Act 1963 should itself be located in the most unsatisfactory, not to say overcrowded, conditions. In April a full scale report on drug dependence was accepted by the City Council, and, with the exception of the sections relating to the Education Authority, its recommendations have been implemented.

VENEREAL DISEASES

In 1967 there was an increase in the number of cases of early syphilis in the over 25 age group and also in the number of cases of non-gonococcal urethritis. The Health Department continues to play its part in the dissemination of health education advice and materials, but more ambitious plans for the further development and expansion of modern health education programmes have been frustrated by the financial restrictions.

In 1967 the Organisation and Establishment Team carried out the much desired and long overdue review of the Health Department Staffing. Their recommendations assisted in increasing the efficiency of the Department, and it is encouraging to record that many of these have now been put into operation.

ENVIRONMENTAL HEALTH

The premature retirement of the Chief Public Health Inspector, owing to ill-health, the appointment of his successor and the continued serious shortage of Public Health Inspectors all contributed to making 1967 a difficult year. I should like to pay tribute to Mr. W. Meredith, the new Chief Public Health Inspector, and the Staff of the Public Health Inspectorate, for the fine way in which they rose to the challenges presented, and maintained an effective and efficient service throughout a time of maximum disturbance.

STAFF CHANGES

Mr. W. F. Appleton, Chief Public Health Inspector, retired in February, 1967, on grounds of ill-health. Mr. Appleton had been in the service of the City as Chief Public Health Inspector for almost 23 years. Mr. Appleton was succeeded by Mr. W. Meredith, who, as Chief Assistant Public Health Inspector, has become well known in Portsmouth during the past seven years. Mr. C. W. J. Cooksley, also very well known in the City for his many years of service with the Corporation, was appointed to the vacant post of Chief Assistant Public Health Inspector.

CONCLUSION

To the Deputy Medical Officer of Health and the staff of the Health Department I extend my warmest thanks for their continued help and co-operation during a strenuous year. I should further like to record my thanks to the Chairman and Members of the Health Committee for their encouragement and support during 1967.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient Servant,

P. G. ROADS,

Medical Officer of Health.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

STATISTICAL SUMMARIES FOR 1967

(Figures in brackets are for 1966)

Estimated mid-year population	..	..	..	219,110	(217,780)
Population 1961 Census	..	..	..	215,077	
Area in acres (land and water)	..	..	..	9,249	
Number of dwellings (as at 31.12.67)	..	..	..	63,884	(63,545)

VITAL STATISTICS

LIVE BIRTHS:

			<i>Male</i>		<i>Female</i>		<i>Total</i>	
Legitimate	..	..	1,511	(1,626)	1,396	(1,461)	2,907	(3,087)
Illegitimate	..	..	241	(227)	250	(218)	491	(445)
Total	..	..	1,752	(1,853)	1,646	(1,679)	3,398	(3,532)
Crude Birth Rate per 1,000 population	..	..	..	..	..	..	15.50	(16.21)
Comparability Factor	..	..	..	..	..	..	1.04	(1.04)
Adjusted Birth Rate	..	..	..	..	..	..	16.12	(16.86)
England and Wales Birth Rate for 1967	..	..	..	..	..	..	17.20	(17.70)

In Portsmouth, illegitimate live births formed 14.45% (12.6%) of the total live births and of the live births which occurred 7.06% (5.33%) were premature.

STILLBIRTHS:

			<i>Male</i>		<i>Female</i>		<i>Total</i>	
Legitimate	..	..	25	(29)	25	(24)	50	(53)
Illegitimate	..	..	6	(2)	6	(6)	12	(8)
Total	..	..	31	(31)	31	(30)	62	(61)
Stillbirth Rate per 1,000 total Live and Stillbirths	..	..	..	..	..	..	17.91	(17.00)
England and Wales Stillbirth Rate	..	..	..	..	..	..	14.80	(15.40)
TOTAL LIVE AND STILLBIRTHS	..	..	3,460	(3,593)	..	..	..	..

DEATHS:

			<i>Male</i>		<i>Female</i>		<i>Total</i>	
Crude Death Rate	..	..	1,379	(1,481)	1,324	(1,407)	2,703	(2,888)
Comparability Factor	..	..	..	..	..	..	0.84	(0.85)
Adjusted Death Rate	..	..	..	..	..	..	10.33	(11.27)
England and Wales Death Rate for 1967	..	..	..	..	..	..	11.20	(11.70)
Natural increase (number by which births exceeded deaths)	..	..	..	..	..	..	695	(644)

INFANT MORTALITY:

Deaths of infants under 1 year of age.

			<i>Male</i>		<i>Female</i>		<i>Total</i>	
Legitimate	..	..	27	(48)	24	(27)	51	(75)
Illegitimate	..	..	6	(5)	2	(-)	8	(5)
Total	..	..	33	(53)	26	(27)	59	(80)

Infant mortality rate per 1,000 total live births ..	17.00 (22.66)
Legitimate infant mortality rate per 1,000 legitimate live births	17.54 (24.30)
Illegitimate infant mortality rate per 1,000 illegitimate live births	16.29 (11.24)
England and Wales Infant Mortality Rate for 1967 ..	18.30 (19.00)

NEO NATAL-MORTALITY:

Deaths of infants under 4 weeks.

		<i>Male</i>		<i>Female</i>		<i>Total</i>
Legitimate ..	19	(36)	13	(17)	32	(53)
Illegitimate ..	6	(2)	2	(-)	8	(2)
Total	25	(38)	15	(17)	40	(55)
Neo-natal mortality rate per 1,000 total live births ..	11.77	(15.57)				
Legitimate neo-natal mortality rate per 1,000 live legitimate births	11.00	(17.17)				
Illegitimate neo-natal mortality rate per 1,000 live illegitimate births	16.29	(4.49)				
England and Wales neo-natal mortality rate for 1967	12.50					

EARLY NEO-NATAL MORTALITY:

Deaths under 1 week.

		<i>Male</i>		<i>Female</i>		<i>Total</i>
Legitimate ..	15	(33)	11	(14)	26	(47)
Illegitimate ..	5	(1)	1	(-)	6	(1)
Total	20	(34)	12	(14)	32	(48)
Early neo-natal mortality rate per 1,000 total live births	9.41	(13.59)				
Legitimate neo-natal mortality rate per 1,000 legitimate live births	8.94	(15.23)				
Illegitimate neo-natal mortality rate per 1,000 illegitimate live births	12.22	(2.25)				
England and Wales early neo-natal mortality rate for 1967	10.80	(11.10)				

PERINATAL DEATHS:

Stillbirths and deaths under 1 week combined.

		<i>Male</i>		<i>Female</i>		<i>Total</i>
Legitimate ..	40	(62)	36	(38)	76	(100)
Illegitimate ..	11	(3)	7	(6)	18	(9)
Total	51	(65)	43	(44)	94	(109)
Perinatal mortality rate per 1,000 live and stillbirths ..	27.00	(30.33)				
Domiciliary perinatal mortality rate per 1,000 domiciliary live and stillbirths	2.85	(9.70)				
Institutional perinatal mortality rate per 1,000 institutional live and stillbirths	37.79	(42.58)				
Legitimate perinatal mortality rate per 1,000 legitimate live and stillbirths	25.70	(31.85)				
Illegitimate perinatal mortality rate per 1,000 illegitimate live and stillbirths	35.78	(20.15)				
England and Wales perinatal mortality rate	25.40	(26.30)				

MATERNAL MORTALITY:

Deaths due to pregnancy, childbirth, abortions ..	Nil	(Nil)
Maternal mortality rate per 1,000 total live and stillbirths	Nil	(Nil)
Total maternal mortality rate for England and Wales	0.20	(0.26)

CAUSES OF DEATH

1967					1966				
No.	Cause of Death	Male	Female	Total	Proportional Death Rate	Male	Female	Total	Proportional Death Rate
1	Tuberculosis—respiratory ..	7	1	8	0.30	7	2	9	0.32
2	Tuberculosis—other ..	—	—	—	—	1	—	1	0.04
3	Syphilitic disease	1	1	2	0.07	3	3	6	0.19
9	Other infective and parasitic disease	1	4	5	0.18	—	3	3	0.10
10	Malignant neoplasm— stomach	37	25	62	2.29	38	27	65	2.26
11	Malignant neoplasm—lung and bronchus	126	25	151	5.59	117	18	135	4.68
12	Malignant neoplasm—breast	—	58	58	2.15	—	63	63	2.19
13	Malignant neoplasm— uterus	—	15	15	0.55	—	18	18	0.63
14	Other malignant and lymphatic neoplasm ..	111	115	226	8.36	149	119	268	9.28
15	Leukaemia, aleukaemia ..	9	5	14	0.52	4	4	8	0.27
16	Diabetes	11	10	21	0.78	7	30	37	1.28
17	Vascular lesions of nervous system	142	213	355	13.13	139	224	363	13.90
18	Coronary disease—angina	336	238	574	21.14	348	210	558	19.40
19	Hypertension with heart disease	27	28	55	2.03	29	34	63	2.18
20	Other heart disease ..	76	161	237	8.77	128	184	312	10.61
21	Other circulatory disease ..	53	57	110	4.07	50	73	123	4.35
22	Influenza	1	—	1	0.04	3	7	10	0.34
23	Pneumonia	83	114	197	7.29	97	140	237	8.30
24	Bronchitis	135	38	173	6.40	122	35	157	5.43
25	Other diseases of respiratory system	18	15	33	1.22	15	6	21	0.73
26	Ulcer of stomach and duodenum	21	12	33	1.22	12	9	21	0.73
27	Gastritis, enteritis and diarrhoea	8	7	15	0.55	5	8	13	0.43
28	Nephritis and nephroses ..	4	4	8	0.30	3	5	8	0.24
29	Hyperplasia of prostate ..	3	—	3	0.11	7	—	7	0.21
30	Pregnancy, childbirth and abortion	—	—	—	—	—	—	—	—
31	Congenital malformations ..	12	9	21	0.78	13	9	22	0.79
32	Other defined and ill-defined diseases	83	99	182	6.73	101	95	196	5.39
33	Motor vehicle accidents ..	23	9	32	1.18	21	19	40	1.36
34	All other accidents	34	43	77	2.96	38	41	79	2.83
35	Suicide	16	18	34	1.25	24	21	45	1.55
36	Homicide and operations of war	1	—	1	0.04	—	—	—	—
TOTAL ..		1,379	1,324	2,703	100.00	1,481	1,407	1,888	100.00

TABLE SHOWING BIRTH-RATES, DEATH-RATES AND POPULATION
For Year 1967 and the Ten Preceding Years

Year	(Crude) Birth-rate per 1,000 population	(Crude) Death-rate per 1,000 population	Total Deaths of children under 1 year-- percentage of total deaths	Total Deaths of children under 1 year-- per 1,000 total live births	Population (R.G.'s estimate)
1967	15.5	12.30	2.18	17.00	219,110
1966	16.21	13.26	2.59	22.66	217,780
1965	17.30	12.87	2.15	16.04	216,280
1964	17.23	12.34	2.89	20.70	221,470
1963	17.96	14.06	3.26	25.30	224,900
1962	17.35	13.06	2.87	21.62	226,670
1961	16.19	13.20	2.92	23.85	227,930
1960	16.99	12.61	2.11	15.69	217,520
1959	15.86	12.86	2.61	21.18	220,300
1958	15.70	12.28	2.93	22.28	222,800
1957	15.57	11.74	2.86	21.52	226,900*
Average for 10 years, 1957-66	16.64	12.83	2.72	21.08	

(The most favourable figures in the statistics are shown in heavy type). *Total population

ANALYSIS OF AGES AT DEATH 1967

<i>Ages</i>			1967			1966		
			<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 4 weeks	..	..	25	15	40	38	17	55
4 weeks—1 year	..	..	8	11	19	15	10	25
1— 4 years	..	..	5	1	6	8	2	10
5—14 years	..	..	3	2	5	9	1	10
15—24 years	..	..	16	8	24	14	13	27
25—34 years	..	..	24	9	33	14	6	20
35—44 years	..	..	36	10	46	31	19	50
45—54 years	..	..	74	58	132	87	65	152
55—64 years	..	..	274	137	411	274	129	403
65—74 years	..	..	424	292	716	421	324	745
75 and over	..	..	490	781	1,271	570	821	1,391
TOTAL	..		1,379	1,324	2,703	1,481	1,407	2,888

METEOROLOGY—1967

BAROMETER. The mean barometric pressure (corrected to sea level) for the year was 29·871 inches (29·904). The highest observed reading was 30·622 on 14th January (30·684), and the lowest 28·979 on 9th March (28·710).

TEMPERATURES. The mean temperature in the shade was 52·2°F. (51·9°).

Maximum. The mean maximum temperature in the shade was 57·4°F. (56·8°), the highest being 78°F. on 12th July (81°).

Minimum. The mean minimum temperature was 47·1°F. (47·0°), the lowest being 21°F. on 9th December (24°).

Minimum on Grass. The mean minimum temperature on the grass was 39·5°F. (42·0°), the lowest being 16°F. on 9th December (19°).

Earth Temperature. The mean temperature in the shade, one foot below the ground was 53·6°F. (53·6°), and at four feet 53·4°F. (53·5°).

Frosts. The minimum temperature in the shade, four feet above the ground fell to and below freezing point on 18 days (14), and there were 67 (65) ground frosts during the year.

SUNSHINE. 1,822 hours 48 minutes (1,605 hours 12 minutes) of sunshine were recorded by the Campbell-Stokes recorder. The greatest amount on one day was 15 hours 12 minutes on 13th June (14 hours 54 minutes).

RAINFALL. The total rainfall was 29·48 inches (30·34). The greatest fall in 24 hours was 0·96 inches on 1st November (1·08).

HUMIDITY. The mean humidity in the air (saturation 100) was 79 (80).

The following phenomena were recorded:—

HAIL on nil occasions (2).

SNOW or SLEET on nine occasions (9).

THUNDER on three occasions (6).

FOGS on three occasions (3).

GALES on twelve occasions—8 fresh, 4 moderate (2 fresh, 8 moderate).

AVERAGES FOR THE PAST TEN YEARS (1958–67)

<i>Rainfall</i>	<i>Sunshine</i>	<i>Mean Temperature</i>
29·07 inches	1,733·3 hours	51·34°F,

(Figures in brackets refer to 1966)

MONTHLY METEOROLOGICAL SUMMARY FOR THE YEAR 1967

Month	Mean Pressure (ins.)	Temperature—Degrees F.				Sunshine		Rainfall		Relative Humidity (saturation 100)		
		Absolute		Mean		Total No. of hours	Days of 0·5 hrs. or more	Total m.m.	Total ins.		Days of 0·01 ins. or more	
		Max.	Min.	Max.	Min.							
January ..	30·026	52	26	45·5	37·6	69 hrs.	6 mins.	18	121	3·19	14	84
February ..	29·937	54	30	48·4	39·9	93 hrs.	24 mins.	20	69	2·70	15	82
March ..	30·006	59	34	52·0	42·0	173 hrs.	42 mins.	27	50	1·95	11	77
April ..	30·015	67	33	55·2	42·3	163 hrs.	42 mins.	25	32	1·27	8	72
May ..	29·787	70	35	58·8	48·7	212 hrs.	30 mins.	27	85	3·33	18	77
June ..	30·124	75	47	66·6	53·6	243 hrs.	6 mins.	27	30	1·18	3	72
July ..	30·020	78	51	70·5	58·2	279 hrs.	30 mins.	28	15	0·60	6	71
August ..	29·937	74	52	68·6	57·7	211 hrs.	54 mins.	27	70	2·74	12	78
September ..	29·852	68	49	67·6	55·4	131 hrs.	12 mins.	21	71	2·81	19	80
October ..	29·782	64	40	59·4	51·1	96 hrs.	42 mins.	20	125	4·91	20	83
November ..	29·908	56	33	49·9	40·8	99 hrs.	6 mins.	22	55	2·15	14	83
December ..	30·052	55	21	46·2	37·6	48 hrs.	54 mins.	17	67	2·65	17	86
TOTAL ..	—	—	—	—	—	1,822 hrs.	48 mins.	279	750	29·48	157	—
MEAN ..	29·871	—	—	57·4	47·1	181 hrs.	48 mins.	25	62·5	—	13	79

INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	Scarlet fever		Whooping cough		Acute poliomyelitis				Measles (excl. d. ing-rubella)		Diphtheria		Dysentery		Meningococcal infection	
					Paralytic		Non-paralytic									
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified																
Total (All Ages) ..	29	39	74	85	—	—	—	—	1,441	1,377	—	—	61	63	5	2
Final numbers after correction																
Under 1 year ..	—	—	6	12	—	—	—	—	76	66	—	—	5	1	—	1
1 year	—	2	6	8	—	—	—	—	188	231	—	—	7	2	1	—
2 years	2	2	12	13	—	—	—	—	262	245	—	—	6	3	1	—
3 years	3	4	8	12	—	—	—	—	231	221	—	—	1	5	1	—
4 years	6	7	10	12	—	—	—	—	193	173	—	—	6	4	1	—
5— 9 years ..	11	20	29	21	—	—	—	—	479	413	—	—	12	10	—	—
10—14 years ..	2	1	3	5	—	—	—	—	5	13	—	—	1	1	—	—
15—24 years ..	3	3	—	1	—	—	—	—	6	10	—	—	2	2	1	1
25 and over ..	2	—	—	1	—	—	—	—	1	5	—	—	6	14	—	—
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (All Ages) ..	29	39	74	85	—	—	—	—	1,441	1,377	—	—	46	42	5	2

	Acute pneumonia		Small-pox		Acute encephalitis				Typhoid fever		Paratyphoid fever		Erysipelas		Food poisoning	
					Infective		Post infectious									
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Numbers originally notified																
Total (All Ages)	18	10	—	—	7	5	1	—	—	—	—	—	3	8	27	61
Final numbers after correction																
Under 5 years ..	6	2	—	—	2	2	—	—	—	—	—	—	—	—	5	6
5—14 years ..	5	—	—	—	1	2	1	—	—	—	—	—	—	—	2	2
15—44 years ..	—	4	—	—	2	1	—	—	—	—	—	—	1	4	5	11
45—64 years ..	5	4	—	—	2	—	—	—	—	—	—	—	2	3	10	20
65 and over ..	2	—	—	—	—	—	—	—	—	—	—	—	—	1	1	15
Age unknown ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total (All Ages) ..	18	10	—	—	7	5	1	—	—	—	—	—	3	8	23	54

Numbers originally notified	Tuberculosis							Other notifiable diseases				
	Res-piratory		Men-inges & C.N.S.		Other		Total of new cases coming to the knowledge of Medical Officer of Health otherwise than by formal notification		Original		Final	
	M	F	M	F	M	F			M	F	M	F
	Total (All Ages) ..											
Final numbers after correction							Males	Females	Puerperal pyrexia			
Under 1 year	1	—	—	—	—	—	—	—	—	6	—	6
1 year	—	—	—	—	—	—			Ophthalmia neonatorum			
2— 4 years	—	—	—	1	—	—						
5— 9 years	1	—	—	—	—	—						
10—14 years	—	—	—	—	—	—			Anthrax			
15—19 years	—	—	—	—	—	—						
20—24 years	2	1	—	—	—	—			Malaria contracted abroad			
25—34 years	1	2	—	1	—	—						
35—44 years	5	1	—	—	—	—			1	—	1	—
45—54 years	3	—	—	—	1	—			Infective Hepatitis			
55—64 years	5	2	—	—	—	—						
65—74 years	6	1	—	—	—	—			7	8	7	8
75 and over	4	1	—	—	—	—						
Age unknown	—	—	—	—	—	—						
Total (All Ages) ..	28	8	—	2	1	—						

MATERNAL AND CHILD HEALTH SERVICES

Midwifery Service

The year 1967 has been an eventful one in various ways; some projects have come to fruition, others were developed—all affected the domiciliary midwifery service in the City.

Through the courtesy of Pye Telecommunications Limited, a pilot scheme of equipping midwives with radio telephones proved so successful—to the surprise of some members—that by the end of the year, it was extended to all the midwifery staff, including the Supervisor and her assistant. During office hours the base is in the Health Department; the Ambulance Control station takes over for night time and weekends. Midwives can be located in minutes—and the saving of time for the Supervisors on this item alone has been very considerable.

The general practitioners and St. Mary's Maternity Hospital were quick to appreciate the improvement in communication. Medical aid could be summoned without the midwife leaving her patient or a relative spending precious time searching for a telephone that had not been wrecked by vandals.

Disposable confinement packs came into use during the year providing a very welcome relief to midwives from the 'chore' of sterilising and re-packing their bags after delivery. It is not always appreciated that without prepacked sterilised equipment this takes 1—1½ hours and is the first charge on a midwife's time when she returns home after a delivery.

The service has been affected by the National shortage of midwives; eight have left, five have been appointed, but the provision of modern equipment such as is detailed above has maintained the interest of domiciliary midwives and enhanced the already high standard of practice to which Portsmouth mothers have become accustomed.

The domiciliary midwifery staff shared in the general sense of achievement when St. Mary's Maternity Hospital came into use in October, 1967 and patients and staff had pleasant and attractive conditions in which to live and work. It was inevitable that the midwives on the district should have some misgivings about its effect on their own careers. The widening of the criteria for referral of patients to Hospital coupled with the demolition of whole streets of houses under clearance orders inevitably reduced the number of domiciliary confinements—some midwives saw their practices disappear almost overnight.

Yet these same midwives were asked to accept the responsibility of nursing an ever growing number of mothers discharged from hospital within hours of their confinement. This could be interpreted as a demonstration of the implicit faith of the Hospital staff in the abilities of the domiciliary midwives but more explicitly it is usually a matter of beds!

General Practitioner Maternity Unit

During 1966 the Regional Board had agreed to provide a General Practitioner Maternity Unit in the grounds of St. Mary's Hospital. The unit of 20 beds would provide 12 single room delivery suites, with eight lying-in beds for patients who could not be nursed at home in the puerperium.

The general practitioners and domiciliary midwives were to be responsible for the clinical work of the unit with the Hospital providing Hotel services only. The Senior Medical Officer and the Supervisor of Midwives were members of the Regional Hospital Board Working Party for the scheme and the Senior Medical Officer also worked closely with the general practitioners as a member of the Maternity Sub-Committee of the Local Medical

Committee in defining the purpose and requirements of the unit as it involved them. All the discussions proceeded smoothly and in an atmosphere of co-operation on all sides.

Emergency Obstetric Aid

There were 22 Flying Squad calls for Portsmouth mothers during the year; 14 involved domiciliary midwives' cases. The analysis of these cases is given below.

Haemorrhage	Ante Partum	1	
	Intra Partum	1	
	Post Partum	3	
Retained Placenta		8	2 admitted to Hospital
Post Partum Hypertension		1	admitted to Hospital
		—	
		14	
		—	

Syntometrine had been given in all cases of retained placenta; 4 after delivery of the head, and in the other 4 cases after delivery of the child.

Maternal Deaths

There was one associated maternal death during the year, the cause was:—

- I Cerebro vascular accident (Primary cause of Death)
- II 10 weeks pregnant

In addition one mother died from bronchial asthma, having had a baby who lived only 1 hour, six months previously. Both these were the subjects of confidential reports to the Ministry of Health—but neither affected the official maternal mortality rate.

Parentcraft and Mothercraft Courses

These continued to be held at 4 centres; the sessions at Cosham and Prince Albert Road were for mothers only. Parentcraft classes in the evening were held in addition to the afternoon Mothercraft sessions at Northern Parade and Clive Road clinics. As in 1966, the final talk in each course was given by Dr. Margaret Foley on Family Planning. During the year 899 parents attended the Parentcraft Classes at Clive Road and 439 at Northern Parade. The total number of women who attended the Mothercraft classes was 396.

Part II Training School

In addition to the usual visits to Child Welfare Clinics, School Health Service, Training Centres, etc., all pupil midwives attended Family Planning sessions while on the district. During the year 'Mock up' examinations were held about 2 weeks before the end of each school. It was intended that the Senior Medical Officer and the Supervisor of Midwives should act as examiners but frequently other commitments prevented one or other attending on the only suitable day. The staff of St. Mary's Maternity Hospital very willingly agreed to share this responsibility and during the year all the available consultants and the Matron and Assistant Matron acted as examiners. We are most grateful to them for their willing co-operation in this exercise. The pupils have greatly appreciated this experience of examination procedure and technique.

Thirty five pupil midwives completed their training during the first year, all but five passing their Central Midwives Board Examination at the first attempt, the others were successful on their second attempt. During the year, the school was officially inspected by the Educational Supervisors of the

Central Midwives Board who expressed themselves well satisfied with the standard of training in the Part II school.

The Medical Officer of Health, the Senior Medical Officer and the Supervisor of Midwives also attended the meeting at St. Mary's Hospital called by the Regional Hospital Board to discuss the scheme for integrated midwifery training in Portsmouth in the future. By the end of 1967 this scheme was being drawn up in detail.

Maternity Service Statistics

DOMICILIARY SERVICES	1967	1966
Number of domiciliary midwives employed in Portsmouth at 31st December	37	38
Number of cases booked	2,281	2,573
Number of patients delivered	1,112	1,339
Number of patients delivered (doctor in attendance)	198(17·8%)	—
Domiciliary confinement rate	32·2%	
Number of patients delivered in hospital and discharged to care of domiciliary midwives ..	1,020	911
Excluding holidays and sickness:		
Average number of cases per midwife per month	4·3	4·4
Average number of cases per midwife per annum	51·8	53·1
Average weekly number of bookings	43·9	49·5
NURSING HOMES		
Number of midwives practising in nursing homes at 31st December	6	7
Total number of cases delivered by them ..	336	421

PRE-NATAL CLINICS

	PRE-NATAL			
	No. of new patients		Total attendances	
	1967	1966	1967	1966
Fratton (3 clinics weekly)	495	937	2,509 + 2 Post Natal	4,579 + 3 Post Natal
Paulsgrove (1 clinic weekly)	155	163	902	995 + 6 Post Natal
Eastney (2 clinics weekly)	352	398	2,042	2,144
Cosham (1 clinic weekly)	196	220	954	990
Portsea (1 clinic weekly)	180	206	850	950
Northern Parade (2 clinics weekly)	337	—	1,914 + 12 Post Natal	—
TOTALS ..	1,715	1,924	9,171 + 14 Post Natal	9,658 + 9 Post Natal

Cervical Cytology

After considerable delay cervical cytology sessions were started at Northern Parade on February 6th, 1967. Dr. Margaret Foley undertook this work on a sessional basis; she was already experienced in the technique and we were fortunate to secure the services of such a well-qualified colleague.

Patients requiring appointments were advised that the service was usually available through their family doctor, but many, because they preferred a woman doctor or the times were more convenient, wished to attend the clinic sessions. Arrangements were made for women employees of 2 firms to be examined either at the firm's own premises or by attendance at clinics.

On the whole women were slow to avail themselves of the service, despite the demand for the clinics before the service came into operation. The statistics are given below:—

Number of patients attending clinic	..	..	343	
Number of smears taken at clinic	..	..	342	(1 patient had hysterectomy)
Number of smears taken at Post Natal Clinic			2	

RESULTS

Initial positive	..	..	..	..	..	1	(cancer cells present)
Atypical cells	..	..	..	..	..	1	
Repeat smears—Atypical cells			..	..	..	1	(referred to gynaecologist)
Trichomonas Vaginalis				..	..	12	
Monila Hyphae			..	..	..	1	

Family Planning

Circular 5/66 asked local authorities to ensure that facilities for family planning advice were available and sufficiently publicised through clinics, Health Visitors, midwives, etc. A talk on Family Planning had been included in all Mothercraft and Parentcraft courses since September, 1966, and, as mentioned earlier, during the year pupil midwives attended Family Planning sessions while on the district. The promulgation of the Family Planning Act in June, 1967, gave local authorities permissive powers to extend the service to all women. No decision had been reached as far as this local authority was concerned by the end of the year, but the Family Planning Centre continued to operate its service as usual at Cosham, Northern Parade, Clive Road (2) and Prince Albert Road. In addition a session was held at St. Mary's Hospital for the fitting of Intra Uterine Devices.

In this context the following table is interesting:—

ILLEGITIMATE BIRTHS
STATISTICAL SUMMARY 1958—1967

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
	740,715	748,501	785,005	811,281	838,736	854,055	875,972	862,725	849,823	832,164
ENGLAND AND WALES Total Live Births	16,288	15,901	15,819	15,727	15,464	14,989	14,546	13,841	13,243	12,528
Total Still Births	36,174	38,161	42,707	48,490	55,376	59,104	63,340	66,249	67,056	69,928
Illegitimate Live Births	1,058	1,074	1,092	1,201	1,289	1,236	1,309	1,284	1,268	1,332
Illegitimate Still Births	4.9	5.1	5.4	6.0	6.6	6.9	7.2	7.7	7.9	8.4
Percentage of illegitimate live births to total live births ..										
PORTSMOUTH Total Live Births	3,497	3,493	3,695	3,690	3,932	4,040	3,816	3,741	3,532	3,398
Total Still Births	62	64	79	59	89	65	68	64	61	62
Illegitimate Live Births	258	244	285	293	397	384	417	480	445	491
Illegitimate Still Births	6	6	5	3	4	5	8	12	8	12
Percentage of illegitimate live births to total live births ..	7.38	6.99	7.71	7.94	10.1	9.5	10.92	12.83	12.60	14.44

It will be noticed that although Portsmouth has always had an Illegitimate live birth rate above the National average, until 1962, the National rate rose more quickly (4·9—6·0) than the Portsmouth rate (7·38—7·94). Since then the Portsmouth rate has shown 3 sudden increases. In 1962—1964, 1965—1966, and again in 1967, so that the rate for the latter year is nearly twice the 1958 rate. These are the facts—the reasons for the rise are less easily defined but they should be the subject of research—not speculation.

Local Authority Day Nurseries

It is now generally recognised that local authority day nurseries play a vital role in the preventive Health Services. All children admitted to these nurseries have a real or potential handicap—a single parent, young parents earning an inadequate wage, mental or physical illness in the family, or the rejection of one child of a family. Many have no stable family background, so that the experiment of introducing family grouping into the nursery during the year was watched with interest. A group consists of 8 children varying in age from one to five years; they are the responsibility of one and the same member of staff all day and every day, except in the early morning or late afternoon. The experiment has been so successful that none of the staff would revert to the former practice of grouping children according to age—babies, toddlers, and pre-school children. Besides the beneficial effect of being in a small group of children, it has reduced the noise in the nurseries—a result which is particularly appreciated by the Matron at Tywford Avenue Nursery whose office is immediately adjacent to the playrooms. It has also been possible to take children out into the community as in a family; they have had trips to the harbour, on a train, and to see the shops and have come back ‘bubbling over’ with their excitement.

Large play equipment—swings, slides, climbing frames, etc., have also been provided for the first time and have added greatly to the children’s enjoyment and activity.

During the year one nursery nurse developed Infective Hepatitis; all the children and staff were given prophylactic Gamma Globulin and no further cases occurred. Also, in order to avoid closing the nurseries for measles, vaccination against measles has been offered to all children over 10 months old since September, 1967; nine children had accepted the offer by the end of the year.

Day Care of Children

DAY NURSERIES AND CHILD MINDER REGULATIONS

The practice of routine, but spot, inspections of registered premises and persons by the Departmental Medical Officer, Dr. Audrey Stewart, has continued during the year, in addition to pre-registration visits to new applicants.

The registration of one child minder was withdrawn after repeated warnings for contravening the regulations in respect of the number of children in her care. Legal proceedings were about to be instituted when she left the area. A second child minder was about to have her registration withdrawn on the grounds of unsatisfactory provision, particularly for play, when she closed down.

The rising number of registered day nurseries, child minders and play groups, makes a heavy demand on the Medical Officer’s time, especially as it has to be fitted in with clinic sessions and the residential nurseries. In an attempt to relieve the situation but maintain the supervision of the premises and persons, Miss A. G. Brenton, Group Advisor Health Visitor, undertook some of the supervisory visits, reporting to Dr. Stewart as necessary. The

latter intended to visit all registered premises and persons at least once a year but in practice requests for advice, increase in numbers, etc. has meant that she has still had to visit frequently. It says much for the relationship she had established with the people registered under the Day Nurseries and Child Minders Act that they turn so frequently to her for advice. It has resulted in a much closer and more satisfactory co-operation between the leaders of the various groups providing day care for children and the local authority.

During the autumn the Department of Education arranged courses for the benefit of leaders of day play groups, day nurseries and child minders at the College of Education; these were found most helpful.

DAY NURSERIES

The following are the statistics relating to the two day nurseries:—

Attendances from 1.1.67 to 31.12.67

	<i>No. of days open</i>	<i>Attendances</i>			
		0-2		2-5	
		<i>Full</i>	<i>Half</i>	<i>Full</i>	<i>Half</i>
St. Peter's	254	2,114	—	5,592	—
Twyford Avenue ..	254	2,285	107	4,579	94
	<u>508</u>	<u>4,399</u>	<u>107</u>	<u>10,171</u>	<u>94</u>

Average Daily Attendances

Average Daily Attendances				0-2	2-5	<i>Total</i>
St. Peter's Day Nursery	..	..	..	8.32	22.02	30.34
Twyford Avenue Day Nursery	..	..	..	9.21	18.40	27.61
				<hr/> 17.53	<hr/> 40.42	<hr/> 57.95

Number of Admissions during the year

St. Peter's	35
Twyford Avenue ..	34
	<u>69</u>

Number of temporary admissions during the year 15

Number of children on Register at 31.12.67

	0-2	2-5	<i>Total</i>
St. Peter's Day Nursery	9	29	38
Twyford Avenue Day Nursery ..	13	27	40
	<u>22</u>	<u>56</u>	<u>78</u>

Number of children on waiting list at 31.12.67 43

CHILD WELFARE CLINICS

Eighteen clinic sessions continue to be held weekly; thirteen are attended by a Medical Officer—the remainder are staffed entirely by Health Visitors. During 1966 it was possible to provide a Medical Officer for the Silver Street clinic for the first time, an appointment which has been much appreciated by mothers and staff.

Most of the routine hearing testing done is at the Health Visitor sessions but these times also allow the staff to devote more time to discussing particular problems with mothers.

Portsmouth parents attach considerable importance to the regular recording of a child's weight. An analysis of clinic attendances during the year showed that only about 50% of the children attending were seen in actual consultation by the Medical Officer or Health Visitor. The remainder were

seen briefly as they were weighed; these visits cannot be regarded as consultations in the ordinary sense of the term but they did serve to maintain the relationship between Health Visitors and the mothers and children of the area, and, in general, when the need for further consultation with the Medical Officer or Health Visitor arose, the offer was readily accepted.

CLINIC ATTENDANCES

	<i>Total Attendances</i>	<i>New cases</i>	<i>Seen by Medical Officers</i>	<i>H.V.'s.</i>
Fratton (two afternoons a week)	7,015	530	709	2,747
Hilsea (two afternoons a week)	5,313	291	533	1,759
Epworth Road (two afternoons a week) ..	8,223	395	702	4,069
Drayton (one afternoon a week)	4,096	190	—	—
Eastney (two afternoons a week)	8,213	699	1,040	3,214
Silver Street (one afternoon a week) ..	4,101	299	581	2,245
Portsea (one afternoon a week)	2,289	140	341	1,160
Twyford Avenue (two afternoons a week)	5,956	334	479	2,368
Tangier Road (one afternoon a week) ..	3,767	197	386	1,949
Cosham (one afternoon a week)	4,336	268	293	2,267
Falmouth Road (one afternoon a week) ..	2,172	146	207	931
Hempsted Road (one afternoon a week) ..	3,689	168	373	1,750
TOTALS	59,170	3,657	5,644	24,459
TOTALS FOR 1966	58,297	3,706	4,895	—

INFANT MORTALITY 1967
DEATHS FROM STATED CAUSES AT VARIOUS AGES
UNDER ONE YEAR OF AGE

Cause of Death	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under 1 year
Meningococcal infection	-	-	-	-	-	-	-	-	-	-
Other infective	-	-	-	-	-	-	-	-	1	1
Pneumonia	-	-	-	-	-	1	2	1	-	4
Bronchitis	-	-	-	1	1	1	2	1	-	5
Other respiratory	-	-	-	-	-	-	1	-	-	1
Gastritis, enteritis and diarrhoea ..	-	-	-	-	-	1	-	1	-	2
Congenital malformations	6	-	2	-	8	2	1	-	2	13
Injury at birth	1	-	-	-	1	-	-	-	-	1
Post-antal asphyxia and atelectasis	-	-	-	-	-	-	-	-	-	-
Immaturity	23	-	-	-	23	-	-	-	-	23
Other causes	2	3	2	-	7	-	1	-	1	9
Accidents	-	-	-	-	-	-	-	-	-	-
Homicide	-	-	-	-	-	-	-	-	-	-
TOTALS	32	3	4	1	40	5	7	3	4	59
Previous Year (1966)	48	3	1	3	55	9	13	2	1	80

This report deals with the work of this Section during 1966 and 1967.

The Section was responsible for the following services for the elderly:—

Chiropody Home Mothers

Night Attendants Convalescence

Laundry service for incontinent patients

Home Nursing Equipment

Co-ordinating Geriatric Services Committee

Area Geriatric Case Conference

1967 Nutrition Survey for the Elderly

The demand for this service continued to grow; the sessions at St. Mary's Hospital ceased in October, 1966, when the chiropodist resigned. Fortunately, Northern Parade Advisory Centre came into use in November and with the appointment of Miss R. Bromhead as a full time chiropodist, ten sessions weekly could be held in the attractive and well equipped room there. Staff and patients were all appreciative of these new premises; the facilities for obtaining tea were particularly welcomed by the elderly patients for whom the clinic attendance might involve absence from home for two to three hours.

It was hoped that combined with domiciliary visits, these clinic sessions would reduce the waiting list and the interval between treatment to five to six weeks but the very fact of providing a Chiropody clinic at the Advisory Centre resulted in a sudden influx of patients. In addition patients attending the adjacent Day Centre were offered chiropody if necessary and many were glad to avail themselves of the service.

During 1967, three additional sessions (1 morning, 2 evening) were started at Prince Albert Road Clinic, but by the end of the year the waiting list and the time interval between treatments had again increased to the point at which the need for additional clinics was being discussed. The chiropodists agreed that nine appointments should be booked per session to allow for cancellations, sudden illness, etc.

The statistics for the 2 years are given below but while they record treatments given, they are no indication of the gratitude of patients for this service.

<i>Clinic</i>	<i>Sessions</i>		<i>Attendances</i>		<i>Transport</i>		<i>Comment</i>
	1966	1967	1966	1967	1966	1967	
Queen Alexandra Hospital	130	—	913	—	816	—	Discontinued Nov. 66
St. Mary's Hospital	71	—	536	—	153	—	Discontinued Oct. 66
Northern Parade Centre	88	510	610	3,845	426	1,961	Opened Nov. 66
Eastney Centre ..	—	177	—	1,276	—	520	Opened Jan. 67
	289	687	2,059	5,121	1,395	2,481	

Average Attendances per session 1966—7·12 1967—7·7

Total Patients Treated

	1966	1967
Elderly	863	1,324
Handicapped	48	37
Expectant Mothers ..	—	—
	<hr/> 911	<hr/> 1,361
Domiciliary Treatments ..	2,191	2,412
New Patient Referrals		
General Practitioners ..	185	253
Health Visitors	169	368
District Nurses	30	47
Others	7	—
	<hr/> 391	<hr/> 668

Night Attendant Service

This service, which had operated on a small scale since 1964, was expanded during 1966 and 1967. This service provides night relief for relatives nursing a sick person at home, in cases of acute or terminal illness or where patients were awaiting admission to hospital. The staff are specially recruited for this service; S.R.N.'s, S.E.N.'s, and Nursing Auxiliaries are employed on a rota basis, usually serving two to three nights per week at rates of pay varying from 6/- to 4/6 per hour. While they are available from 8 p.m. to 8 a.m., they more usually work about nine hours a night (10 p.m. to 7 a.m.). A small retaining fee is paid for nights for which they are on duty, but not required.

Time and again this service earned the gratitude of relatives, family doctors and geriatricians; families were able to continue nursing sick relatives and urgent cases awaiting hospital beds were not left uncared for during the night.

The statistics for the service are given below:—

NIGHT ATTENDANT SERVICE 1966 AND 1967

	1966	1967
Number of cases	66	102
Hours worked—S.R.N. ..	980½	1,383¼
S.E.N. ..	1,238	513
Auxiliaries	2,769½	4,687
	<hr/> 4,988	<hr/> 6,583¼
	<hr/>	<hr/>
	1966 (Jan.)	1967 (Jan.) 1967 (Dec.)
Staff—S.R.N. ..	2	4 5
S.E.N. ..	2	1 1
Auxiliaries	2	6 8

ASSESSMENTS 1967

Free —66
 Assessed —14
 Full Charge—22

Types of Cases

<i>Reason for Service</i>	1963	1964	1965	1966	1967
Cancer	1	—	6	24	29
Cardiac disease	—	—	3	12	20
Senility—unable to be alone	—	—	1	12	12
Pneumonia	—	—	1	5	4
Admission/Discharge Hospital	—	—	—	2	10
Admission/Discharge Nursing Homes	—	—	2	1	1
Tuberculosis	—	—	—	—	1
Hypothermia	—	—	—	—	1
Asthma	—	—	1	—	—
Diabetic	—	—	—	1	—
Bronchitis	—	—	—	1	2
Pleurisy	—	—	—	1	—
Neurotic Disease	—	—	—	1	—
Grangene of the foot	—	—	—	—	—
Relief for relatives	—	—	—	5	15
Cerebral Accident	—	—	—	1	7
	1	—	14	66	102

Laundry Service for the Incontinent

This was another service which had been run as a pilot scheme since 1964. Twice weekly collections and deliveries had been made of patient's own clothing and bed linen which was laundered at St. Mary's House. Constant difficulties arose over numbers and identification of articles sent, but nevertheless 44 cases were helped through the service in 1966.

In view of these difficulties it was decided to run the service from a central linen supply; this was organised during 1966 and came into full operation in 1967 when 155 patients received the service.

An incontinent patient receives an initial pack of seven sheets, seven drawsheets, seven pillowcases, seven nightdresses or nightshirts; the latter items are patterned as resistant stains are less noticeable. The soiled laundry is collected twice weekly—the initial pack being renewed from the stock carried in the van.

Again this service has been much appreciated by relatives and patients alike, but tribute must also be paid to the drivers of the vans who have so willingly operated the service to the patients.

Nursing Equipment

Over the last seven years, the Department's stock of nursing equipment has been built up until, by the end of 1967, most requests could be met immediately from stock. It is still not generally appreciated that all common nursing requisites can be obtained from the Health Department and, except in particular circumstances, patients should not need to buy or hire their own. There is, for instance, no need for elderly, ill patients to use a bucket in the bedroom when commodes are available, usually for the asking. It is helpful, however, to know when equipment is no longer required; these items are the property of the ratepayers through the Health Department and should be not sold to dealers or put out for scrap—instances of this happening have been known. During 1966 about 70 different items were issued per month; One hundred and twenty patients were supplied with disposable incontinent pads and interliners for protective pants. The following is a more detailed analysis for mid 1967,

TOTAL number of items on loan	650
TOTAL number of persons to whom equipment was loaned ..	550
Number of persons receiving regular monthly supplies of in- continence pads	80
Number of casual issues of incontinence pads monthly ..	20
MONTHLY total of new cases to whom equipment was loaned	65
MONTHLY total of items loaned	85
Approximate number of collections of H.N. equipment ..	70

Home Mothers

A scheme for the provision of Home Mothers in multi-storey blocks of flats where communication systems had been installed was approved in 1965, but it was not until March, 1966 that the first two took up their appointments in Solihull and Leamington Houses. Many of the other flats were already occupied and residents were at first reluctant to accept the services of the Home Mother. Initially these women were responsible for the friendly care of persons living in one bedroom flats with a bell warning system, connected to the Home Mothers flat. Later, the scheme was extended to all elderly people in the block, though the bell warning system was not installed in all flats. As time went on, the Home Mothers became accepted by the tenants of the flats and by the end of the year, the value of the scheme was clearly demonstrated, not least in the saving of time for other social workers, health visitors and welfare officers in particular.

In December 1966, the third Home Mother was appointed for Edgbaston House, but further appointments were delayed for financial reasons. During 1967, three more Home Mothers were appointed and in some cases they have been among the earliest new tenants to move into the blocks.

The Deputy Superintendent Health Visitor and Administrative Assistant have had regular monthly meetings with the Home Mothers; these have proved invaluable in welding the scheme into a comprehensive whole. The longer established Home Mothers are always ready to help the newly appointed staff, but all have openly expressed their appreciation of the support given to them by Mrs. Botting and Mr. Jenkins.

<i>Name of Block</i>	<i>No. of elderly in block</i>	<i>Date Home Mother appointed</i>
Solihull House, Meriden Road	45	1st March 1966
Leamington House, West Street	50	14th March 1966
Edgbaston House	80	5th December 1966
Tipton House	70	27th November 1967
Sarah Robinson House, Queen Street	60	3rd June 1967
Mill Gate House, St. George's Square	45	30th October 1967

Case Conferences

Monthly case conferences in the North, South and Central areas of the City have continued to be held as in previous years. The hospital medical social workers were not able to attend owing to staff shortages but when the Geriatric Liaison Health Visitors became established they provided a useful link between all the services represented at the conferences and the hospitals.

The value of these conferences as channels through which information can be disseminated was strikingly demonstrated after a good deal of press publicity over infested houses. The Pest Officer attended all three area case conferences and gave the members up to date information about the life cycle of fleas, bugs and lice and the different techniques required to disinfect

persons and premises from the insects. The habits and particularly the longevity of unfed bed bugs for instance, came as a shock to some members of the conference.

The Co-ordinating Committee for Geriatric Services had met quarterly throughout the two years. Most of the information produced and items put forward for discussion have been originated by the Health Department. One of these items—the possibility of preventing deficiency states in the elderly by supplying vitamin supplements resulted in the authority being invited to take part in a survey of Nutrition of the Elderly being organised by the Ministry of Health. It was hoped to examine the dietary habits of a random sample of 200 men and women over 65 years of age in each of five areas—three in England and two in Scotland, and to couple this investigation with an assessment of their nutritional state clinically and biochemically. In all the other areas the clinical examinations were to be undertaken by geriatricians but in Portsmouth, the Health Committee agreed to allow Dr. Mercy Plowright to undertake this work.

The start of the survey was delayed until November 1967, by the introduction of new Social Security benefit rates at the end of October; it was even further delayed in Portsmouth by certain technical difficulties in approaching the selected patients. The initial dietary investigations and clinical examinations had been undertaken by the end of the year and from the initial experience of the survey investigators and the Medical Officer, it was proving a rewarding and interesting exercise.

Voluntary Services

No report on the Domiciliary Geriatric Service can be complete without reference to the valuable support that the Old People's Welfare Committee and the Visiting Service can give to the statutory services.

The Old People's Welfare Committee generously made a grant of £200 available to Dr. Plowright for use in cases where adequate heating was a problem. £67 has been disbursed in installing night storage heaters in three houses, to the great benefit of the recipients. By the end of 1967, 15 Luncheon Clubs, staffed by volunteer cooks and helpers were running in the City and making a real contribution to the health and well-being of some 450 people.

The Old Peoples' Welfare Officer attends all the Geriatric Case Conferences, thus linking statutory and voluntary services in active liaison.

During the winter of 1965 and 1966, teams of Youth Action volunteers were available at the weekends to assist with any problems arising among the elderly. The teams included qualified electricians but all were expected to 'turn to' and do whatever was needed.

The Senior Medical Officer, had, on several occasions, to call on the electrician to deal with faulty switches, lights, etc., but inevitably problems arose unexpectedly and usually when the teams were at night school. Despite the fact that the service was not used as much as had been hoped, it provided the Senior Medical Officer and the Old Peoples' Welfare Officer with very real support during these two winters and tribute must be paid to the willingness with which the young people accepted this charge on their time.

Geriatric Visiting

The liaison between the domiciliary geriatric services, the Welfare Services Department, Housing Department, Ministry of Social Security, the family doctors and the hospitals has become the outstanding feature of the domiciliary geriatric service in the City. Inevitably it involves the Senior Medical Officer in visiting—usually the hard core cases where other staff

have been unable to persuade a person to accept services—but at other times as an emergency after office hours when fewer staff are available to help.

Calls are referred by all field workers—it may be a Ministry of Social Security visitor concerned about inadequate heating—a general practitioner asking for a night attendant or nursing equipment or merely advice, a geriatrician asking if a patient can be ‘tided over’ by the community services until a bed is available in hospital. One case dealt with in June 1966, demonstrates not only the number but the effective liaison between services that is necessary if elderly people are to be cared for even for short periods, at home.

The patient was an elderly diabetic widower who had been a well respected member of the community until his wife’s death. His condition steadily deteriorated in the following four years; he was admitted to hospital on several occasions but always refused to consider Welfare Services Accommodation. He was discharged from hospital in March 1966, determined to care for himself. Visiting was not readily accepted but the Welfare Officer was able to see him as often as he would permit.

Suddenly, between two visits, his condition deteriorated rapidly and the Senior Medical Officer was asked by the general practitioner to visit on a Saturday morning. Through the Case Conference and a previous visit, the patient was already known to her; there was no doubt that this patient needed admission to hospital but he adamantly refused this advice and for technical reasons, a compulsory removal order could not be obtained.

The family doctor and the Senior Medical Officer discussed the position and it was decided to nurse this man in the community over the weekend. The neighbours were consulted and agreed to provide food and drink and general care in the daytime. Youth Action collected a bed from the store at Portsdown House and erected it; the Queen’s Nurses washed and got the patient into bed; the Home Help service dealt with the cleansing of the accommodation and the Police contacted a night attendant at the Senior Medical Officer’s request. The family doctor visited frequently and sedated the patient as necessary.

The neighbours, family doctor, the Queen’s Nurses and the Senior Medical Officer provided cover the following day with a night attendant after 9 p.m.—and the following morning the patient was admitted to hospital.

This was Community Care in action, but perhaps the most interesting feature was the help neighbours were prepared to give once they saw active help was available.

Convalescence

Seven patients were sent for recuperative care in 1966 but this provision was better appreciated in 1967, when a total of 35 patients received convalescent care. Through the generosity of the Portsmouth Group Hospital Management Committee, 14 of these cases went to Wenham Holt at no cost to the Local Authority.

HEALTH VISITING

1967 has been an interesting year in which there has been an expansion of Health Visitor Liaison. Following the successful start of Health Visitor/Geriatric Ward liaison in St. Mary’s Hospital in October 1966, Miss Matthews—Health Visitor, started to visit the Geriatric Wards at Queen Alexandra Hospital in January 1967. Again this has been advantageous to the Patient, the Hospital Staff and the Community Nursing Services, but it must be pointed out increases both the Clerical work and Practical work of the Health

Visitor as more home reports are asked for by the Consultants, and home supportive visiting is needed. An outcome of this liaison scheme has been that the Ward Sister and the Staff Nurses asked if they could spend a day on the District with the Health Visitors to see at first hand some of the domiciliary services about which they had been learning. This we were very pleased to arrange, and a successful day was had by all.

The Health Visitors then felt that a closer link with the Paediatric Consultants and Ward Sisters would be of great benefit. A Health Visitor had been attending the Premature Baby Clinic at St. Mary's Hospital for the past seven years, and after discussion with the Medical and Nursing and Social Work Staff this has been extended. Mrs. Anderson—Health Visitor, attends the Hospital on Tuesday's where she visits the four Children's Wards and the four Maternity Wards in the morning, and attends Dr. Moseley's Special Paediatric Clinic in the afternoon. On Friday morning she also attends the Ward rounds with the Paediatricians. The value of the co-ordinated care and help now being given to the Child and its Parents has proved itself. The Health Visitor/General Practitioner liaison scheme now has fifteen Health Visitors in liaison with thirteen multiple practices—an increase of one during the year.

It is interesting to note that the number of visits to families with children under 5 years has increased over the last year by approximately 5,000 and with the increased use of Public Health Nurses the number of visits to the aged have increased by approximately 4,000. The Infant mortality rate has dropped by 5·66 from 22·66 in 1966 to 17·00 per thousand Live Births in 1967, so that the increased visiting and liaison appear to have had some results.

Mrs. V. Swayne—Group Adviser Health Visitor at the Chest Clinic retired in February after nearly 25 years in the City. Miss J. Rogers was appointed in her place to Northern Parade Health Advisory Centre, with responsibility for the day to day supervision of the Staff at the Chest Clinic. Mrs. Dean was transferred from the Public Health Nursing Staff to the Chest Clinic Staff as a Tuberculosis Visitor. Due to the fact that the Q.I.D.N. are ceasing to be responsible for the training of District Nurses from 1st July 1968, Miss D. Mahoney was seconded to the Royal College of Nursing to take the District Nurse Tutor Course in order to take over an appointment as Community Nurse Tutor to the City. The volume of Student Nurses needing domiciliary observation visits due to the implementation of the 1962 Syllabus is increasing. A meeting was held during the year at which the Hospital Nurse Tutors were present and representatives of the Local Authority Staffs in order to discuss the type of experience needed. Because of this it was decided to appoint Miss Mahoney as Community Nurse Tutor responsible for over-all Student Training.

1967 was the first year of the new Health Visitor Training Syllabus which now lasts 11½ months—the last nine weeks being spent on the District under supervision. This has meant more work for the Trained Staff, but has been of value in that the Students have a consolidating period in which to practice their skills at the end of the Academic Course. They now receive the University of Southampton Certificate of Health Visiting as well as the Statutory Certificate from the Central Council of Training for Health Visitors. Four Students were in training during the year, and three were appointed to the Staff in September. In the year 1967—68 we have another four Students in training. Mrs. D. Cox and Mrs. E. Andrews continued as Field Work Instructors, and Miss P. Matthews and Miss L. Barnes were appointed in place of Mrs. D. Gellarly and Miss D. Mahoney. The Field Work Instructors work closely with the University Staff in the training of Health Visitors.

A fifth Mothers' Club was opened at Northern Parade Health Advisory Centre in September, and is well attended by the mothers in that area. This means that Health Education is continued from the Pre-Natal Mothercraft Classes into the period of the Baby and Pre-School Child in five areas of the City.

Finally, an article appeared in the *Nursing Mirror* on 'The Portsmouth Night Attendant Service' in December, written by Mrs. P. M. Botting—Deputy Superintendent Health Visitor/School Nurse and Mr. T. Jenkins—Admin. Assistant which aroused much interest.

GERIATRIC LIAISON STATISTICS

SAINT MARY'S HOSPITAL

Geriatric Cases—Hospital Referrals	275
—Health Visitor Referrals	19
Other Cases —Hospital Referrals	8
	— —
	302
	— —

QUEEN ALEXANDRA HOSPITAL

Hospital Referrals	242
Health Visitor Referrals	13
	— —
	255
	— —

St. Mary's Hospital Paediatric and Maternity Liaison for Births—
October, November, December

<i>Maternity</i>	<i>Paediatrics</i>								
<i>Discharges</i>	<i>Social Problems</i>	<i>Admissions</i>	<i>Discharges</i>	<i>In-Patients</i>	<i>Home Report</i>	<i>Health Visitor Referrals</i>	<i>Social Problems</i>	<i>Prem. Baby Clinic</i>	<i>School Reports</i>
236	14	142	67	107	26	44	23	123	2

Health Visiting

The health visitors, public health nurses and tuberculosis visitors paid 75,825 (66,735) visits during the year:—

	<i>Total Number of Visits</i>	
	1967	1966
Visits to children under 5 years of age	53,926	48,846
Visits in respect of old people	13,781	9,999
Visits in respect of tuberculosis patients	3,553	4,170
Visits to expectant mothers and cases of illness	4,765	3,720

Details of the health visitors' work in schools are given in the report of the Principal School Medical Officer,

PORTSMOUTH VICTORIA NURSING ASSOCIATION**Report of the Work of the Association for the Year Ended 31st December 1967**

This year saw the successful merging of the southern and northern areas of the City, which has without doubt resulted in an improved nursing service, benefiting both patients and staff. Patients referred by doctors outside routine hours have been attended without delay and the seriously ill have been visited three, four or even five times in the day up to 9 p.m. according to need. The ability to nurse patients in this way has given the staff much satisfaction, and the reduction in working hours enhances recruitment since off duty periods now compare favourably with the hospitals.

Patients nursed during the year numbered 3,777 and 119,384 visits were made compared with 4,310 patients and 118,396 visits during 1966. The sisters' time has for the most part been spent with the acutely ill and terminal cases and with the large number of patients discharged from hospital in need of surgical dressings. The district auxiliaries who continued to deal with the time-absorbing work of handling the aged and infirm are greatly appreciated by both staff and patients. The introduction of disposable sterile instruments was well received by the staff and has been a tremendous factor in achieving a reduction in the nurses' hours of duty, which would not have been possible without these modern aids. Staff and patients are also helped by the smooth working of the laundry service. An increasing number of nurses use their own cars for duty and this has enabled another of the Association's cars to be withdrawn from service.

The Association's Welfare Fund continues to be of value in a variety of ways. It affords immediate relief when statutory services are unavailable and provides extra comfort for the acutely ill with invalid foods, special bandages and other medical aids not allowed on prescription. In the winter, fuel is given to provide extra warmth for necessitous patients and in the summer the handicapped and housebound are taken on an outing. The Christmas gifts of provisions are also greatly appreciated. It is the Committee's policy to make more funds available for relief of this kind within the limitations of the private resources of the Association.

Fourteen S.R.N. students undertook the course of training for district work during the year and qualified for the Queen's Roll. Liaison with general practitioners, hospitals and the Public Health Department was of the customary high standard.

It was with regret that the Committee received the resignations of five of its members, among them Mrs. M. A. Dye, the former Chairman, and Miss L. L. Phillips, both of whom had served on the Committee for a great many years. The gratitude of the Association is due to these ladies for the important contribution they have made to its work over so long a period.

HOME HELP SERVICE

This Service continued to have many demands made upon it, and in view of the financial restrictions, considerable difficulty was experienced in the re-allocation of home helps' cases in order to cover emergencies.

When programming home helps' duties, every effort was made to utilise their working hours to best advantage, and all home helps joining the Service were carefully selected and supervised, to ensure that the money available was used to provide work of a high standard.

During the year, 1,667 home visits have been made by the Organiser and Assistant Organiser, to ascertain that work was being carried out in a satisfactory manner, and cases receiving their full allocation of help. Any complaint was carefully investigated.

In the twelve months ending the 31st December, 91 home helps were appointed.

Number of Home Helps employed at 31.12.67				196
Number of Cases aged 65 or over on first visit during year				1,809
Aged under 65 on first visit during the year	}	Chronic Sick and T.B.		177
		Mentally Disordered		10
		Maternity		52
		Others		78
Total ..				2,126
				(2,095)
Number of hours Home Helps were employed				247,863 $\frac{3}{4}$
				(248,063 $\frac{3}{4}$)

HEALTH CENTRES

Since the formulation of priorities for Health Centres took place in 1965, a number of new developments had arisen, consequently it was essential the Special Joint Committee Re: Health Centres should consider the new facts and re-examine the overall plan for Health Centres.

The meeting took place in October, 1965, and the following Order of Priorities were decided:—

1. Somers Town
2. Cosham
3. Buckland
4. Fratton
5. Paulsgrove
6. (a) Southsea
(b) Eastney
7. Northern Parade/Hilsea
8. Portsea
9. Copnor/Farlington

The speed with which this programme will be achieved is governed by many factors, including central and local policies, and economics, therefore, the proposed years of completion have deliberately been left out of this report.

Following the above meeting the City Development Officer was informed of our future site requirements to enable long term planning. Initial accommodation requirements were sought for the Cosham, Buckland and Portsea Health Centres in order that Working Parties might be set up early in 1968 to clarify type, size and services to be included in each Health Centre.

All the above took place towards the end of a somewhat frustrating year in the Health Centre field. The main battle being over the Somers Town Health Centre. After a year of careful research and discussions with other Local Authorities the sketch plans for Somers Town Health Centre were submitted to the Ministry of Health at the beginning of the year. A meeting took place between the Local Authority and the Ministry of Health in May, following which the City Architect had to prepare a new sketch plan incorporating the decisions reached at the meeting. The Working Party agreed the revised plans and these were subsequently submitted to the Ministry of Health for further consideration.

LOCAL AUTHORITY DENTAL SERVICE

REPORT OF THE CHIEF DENTAL OFFICER FOR 1967

Maternity and Child Welfare Services:

During the year, 724 patients were treated (465 in 1966). The number who completed treatment was 414, so that the failure rate is still high. This is general throughout the country. However, the figures generally show a considerable rise in the number of patients treated. Many of these patients came as a result of dental health propaganda carried out at Ante-Natal and Welfare Clinics, and it is likely that they would not otherwise have received treatment.

Three Year Olds:

No further specific action to persuade parents to take their three year old children to the dentist was attempted this year. However, the recently improved staff position should enable us to do this in 1968.

Dental Health Education:

This continues at Ante-Natal and Welfare Clinics, where the need for children to be seen by the dentist at three years of age continues to be the spear-head of our propaganda. Dental auxiliaries are being used to carry out this work. Its success largely depends on the co-operation of the medical and nursing staff whose help is much appreciated.

Langstone House Day Training and Adult Centres:

Dental care is now well established at these Centres. There were 71 courses of treatment completed (54 in 1966—nine months). Since the backlog of treatment has been completed, it is only necessary to spend five sessions per week at the Centre (six—1966).

The chief problem still continues to be one of oral hygiene. The Chief Dental Officer spoke briefly at the Annual Meeting of the Portsmouth Society for the Mentally Handicapped, about this problem, and recommended the use of electric toothbrushes which so far has not met with much response. A dental auxiliary is now employed for one session per week at the Centres to carry out additional prophylactic treatment to improve the general standard of oral hygiene.

There will continue to be some patients who require treatment under a general anaesthetic. Unfortunately, these cases have now to be referred to the Royal Hospital, overloading their facilities, whilst those at Langstone House are lying idle through the lack of a Consultant Anaesthetist. This is unfortunate from the patients' point of view also since unfamiliar surroundings will often undo a lot of the rapport already established in the familiar surroundings of the Centres.

Treatment has been made available to any mentally handicapped patient in Portsmouth through the auspices of the Mental Welfare Service. So far, only two patients have been referred to us in this way so one must presume that all mentally handicapped people in the City are being adequately cared for.

Number provided with dental care:

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant and Nursing Mothers ..	226 (156)	226 (156)	226 (156)	145 (79)
Children under 5 ..	498 (309)	498 (309)	498 (309)	269 (63)

Forms of dental treatment provided:

	<i>Scaling and gum treatment</i>	<i>Fillings</i>	<i>Extractions</i>	<i>General Anaesthetics</i>
Expectant and Nursing Mothers ..	109 (49)	440 (232)	80 (80)	8 (9)
Children under 5 ..	128 (46)	706 (530)	207 (272)	86 (83)

<i>Radiographs</i>	<i>Full dentures</i>	<i>Partial dentures</i>
22 (5)	1 (—)	9 (—)
2 (6)	— (—)	7 (6)

VACCINATION AND IMMUNISATION

By the Medical Officer in Charge

Smallpox Vaccinations

The numbers vaccinated by the Health Department and general practitioners were as follows:—

	1967			1966		
	<i>Primary</i>	<i>Re-Vaccs.</i>	<i>Total</i>	<i>Primary</i>	<i>Re-Vaccs.</i>	<i>Total</i>
Health Department	647	396	1,043	926	1,963	2,889
Practitioners ..	1,725	924	2,649	1,790	429	2,219
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	2,372	1,320	3,692	2,716	2,392	5,108
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

In accordance with the Ministry of Health's recommendations, children are vaccinated in the second year of life, except for a few younger children who are going abroad with parents and requiring international certificates.

The parents of children who have reached the age of 13 months and for whom we have no record card are sent a letter encouraging them to have their children vaccinated at a child welfare clinic or by the general practitioner.

403 (1,665) international certificates were completed at our own Vaccination Clinic and 2,017 (5,860) were brought to the Vaccination Office for countersigning.

The increased number of re-vaccinations and international certificates during 1966 was due to the occurrence of smallpox in the Midlands and Wales causing this country to be declared infected.

From 12th June 1967, in accordance with Ministry of Health Circular 6/67 vaccine lymph is obtained from The Director, (Vaccine Lymph Supplies), Central Public Health Laboratory, Colindale Avenue, London, N.W.9 instead of from Winchester. General Practitioners now obtain their supplies of lymph from us.

Vaccination can be had at all of the child welfare clinics, at the Vaccination Clinic, St. Mary's General Hospital, East Wing, and from general practitioners.

Diphtheria Immunisation

Immunisation can be had at all child welfare clinics, the Vaccination Clinic, St. Mary's General Hospital, East Wing, and general practitioners.

Primary immunisations with triple vaccine are carried out from the age of four months. On the completion of the course of immunisation with three inoculations, the parent is given a record card indicating that triple vaccine has been used, and is told to produce the record card in the event of the child having an accident or injury which might require anti-tetanic treatment.

Booster doses of triple vaccine are given to infants when they reach the age of 18 months and reminders are sent to parents asking them to attend at the clinic for this purpose. The record cards for the immunisations which have been completed by the general practitioners are returned to them in order that they may give the booster doses to their own patients.

1,578 of these booster doses were given during 1967 by general practitioners and at child welfare clinics.

School children are immunised with combined (diphtheria and tetanus) vaccine for primary immunisations. After the second inoculation a record card is posted to each parent with the advice that a third dose of tetanus

toxoid should be given in six months time. Third doses of tetanus toxoid are not given in schools. Diphtheria (T.A.F.) or combined (diphtheria and tetanus) vaccine is used for supplementary immunisation depending on whether the child has had triple or combined vaccine for primary immunisation. These supplementary immunisations are given at the ages of five, nine and thirteen years in the schools.

The following table indicates the work done during the past ten years:—

<i>Year</i>	<i>Completed courses</i>	<i>'Booster' doses</i>	<i>Cases of diphtheria admitted to hospital</i>	<i>Deaths from diphtheria</i>
1958	3,040	8,132	—	—
1959	3,245	8,263	—	—
1960	3,856	6,916	—	—
1961	4,364	9,629	—	—
1962	3,728	8,462	—	—
1963	3,741	8,400	—	—
1964	3,758	6,486	—	—
1965	3,654	7,954	—	—
1966	3,594	6,849	—	—
1967	3,726	7,731	—	—

Six-monthly visits to Council schools continued and as the children became due for immunisation lists are sent to the head teachers.

The help given by the head teachers has again been excellent.

Four private schools were also visited for diphtheria immunisation.

There were no cases of diphtheria notified within the City during the year.

The last case of diphtheria notified within the City was in 1956.

The proportion immunised by the various agencies (shown as a percentage of children under the age of 5 years) was:—

	<i>1967</i>	<i>1966</i>
Clinics	33·9	35·7
Nurseries	0·3	0·4
Private Practitioners	65·8	63·9

Number of children who received the completed course:—

	<i>1967</i>	<i>1966</i>
Under five years	3,501	3,253
Five to fifteen years	225	341
Over fifteen	—	—
	3,726	3,594
Supplementary doses given to school aged children	7,731	6,849
	11,457	10,443

The number of children primarily immunised since the inception of the scheme in 1935 is 125,955.

Reactions

Out of 1,196 children immunised with triple vaccine in the child welfare clinics and nurseries, 53 were known to have had reactions. These were mild or moderate. There were no severe reactions.

Anti-histamine tablets have been used with success in the anticipation and prevention of reactions.

Whooping Cough (Pertussis) Immunisation

Immunisations were carried out with triple vaccine in all cases.

159 cases of whooping cough, compared with 61 cases in 1966 were notified by the general practitioners.

Of the 159 cases, one had been immunised in 1967, five in 1966, 8 in 1965, 9 in 1964, 14 in 1963, 9 in 1962, 4 in 1961, 4 in 1960 and 2 in 1958. For the remainder, no record of previous immunisation could be found.

STATISTICS RELATING TO PERTUSSIS IMMUNISATION

			1967	1966
Completed courses:	Under five	..	3,433	3,253
	Five to fifteen	..	45	44
	Over fifteen	..	—	—
			3,478	3,297

During the year the Public Health Laboratory Service continued its investigation into the diagnosis of Whooping Cough.

Poliomyelitis Vaccination

Vaccination is available to persons over the age of four months, and is given concurrently with triple in the under fives at Health Department Clinics, at all child welfare clinics, St. Mary's General Hospital, East Wing, and general practitioners.

Expectant mothers are offered vaccination when attending for examination at the ante-natal clinics.

Children who missed vaccination at infancy are offered it at school entry. These vaccinations are done by a nurse at the schools.

Fourth doses of vaccine, which are given to children between the ages of five to sixteen years, are not given in the schools. These doses can be had at any child welfare clinics or at the general practitioners, according to where the initial vaccination was done. As children become due for fourth doses the record cards are returned to the general practitioners who did the original vaccination and reminders are sent for those done in the child welfare centres.

ANNUAL STATISTICS 1967

Completed Primary Courses—Number of persons under age 16

Vaccine given	Year of Birth of Persons Vaccinated							Total
	1967	1966	1965	1964	1963	Others under age 16	Others age 16 and over	
Sabin-oral	1,019	2,089	179	49	813	21	214	4,384
TOTALS ..	1,019	2,089	179	49	813	21	214	4,384

Re-inforcing Doses—Number of persons under age 16

<i>Vaccine given</i>	<i>Year of Birth of Persons Vaccinated</i>							<i>Total</i>
	<i>1967</i>	<i>1966</i>	<i>1965</i>	<i>1964</i>	<i>1963</i>	<i>Others under age 16</i>	<i>Others age 16 and over</i>	
Sabin-oral.. ..	—	76	58	18	1,373	86	32	1,543
TOTALS ..	—	76	58	18	1,373	86	32	1,643

Distribution of Poliomyelitis Vaccine

Vaccine is supplied to general practitioners at the Vaccination Clinic, St. Mary's General Hospital, East Wing. In addition Mr. R. G. Tremlett, Pharmacist, has been most helpful in the distribution of vaccine which he delivers, free of charge, to many of the general practitioners.

There were no cases of poliomyelitis notified within the City during the year.

Tetanus Immunisation

Immunisations can be had at the Vaccination Clinic, St. Mary's Hospital, East Wing, and at the general practitioners.

The numbers immunised by the Health Department and general practitioners were as follows:—

<i>Tetanus Immunisation</i>	<i>Year of Birth of Persons Vaccinated</i>							<i>Total</i>
	<i>1967</i>	<i>1966</i>	<i>1965</i>	<i>1964</i>	<i>1960-1963</i>	<i>Others under age 16</i>	<i>Others age 16 and over</i>	
Primary courses	—	—	—	—	1	13	123	137
Reinforcing doses ..	—	—	—	1	8	22	51	82

The numbers mentioned above are for persons given Tetanus Toxoid and do not include the under fives who receive their Tetanus Toxoid in the triple vaccine and school-children who are given diphtheria—tetanus vaccine.

B.C.G. Vaccination of 13-year-old School Children

Local Education Authority's schools are visited annually.

A Tuberculosis Visitor from the Chest Clinic visited the schools and carried out the 'Heaf' test. The Medical Officer-in-Charge of Immunisation visits seven days later to read the results of the tests and to vaccinate the negative reactors. Positive reactors are referred for X-ray screening.

The acceptance rate amongst the 13-year-old school children in the Local Education Authority's schools was 94.1% compared with 94.3% in 1966. This level can be considered as most satisfactory.

STATISTICS RELATING TO B.C.G. VACCINATION

L.E.A. SCHOOLS

Year	No. of schools visited	Forms sent out	No. of acceptances	No. tested	Already attending Chest Clinic	Negative reactors (vaccinated)	Positive reactors (X-rayed)
1967	28	2,280	2,146 (94·1%)	2,181	2	1,744 (86·0%)	285 (14·0%)
1966	28	2,339	2,206 (94·3%)	2,016	9	1,607 (88·7%)	205 (11·3%)

NON L.E.A. SCHOOLS

Name of School	No. Tested	Negative reactors (vaccinated)	Positive reactors (X-rayed)	Percentage Positive
Portsmouth High	58	47	5	10

The children who were either absent from school for ‘Heaf’ testing or vaccinations, and who would have left school by the next annual visit to that school, were referred to the Consultant Chest Physician for this purpose.

Measles Vaccination

Measles vaccination is not given by the Health Department at present. Parents anxious for their children to be vaccinated are advised to consult their general practitioners.

The actual number of vaccinations done by general practitioners and notified on form 73A were:—

1967
6 (Given two doses)
4 (Given one dose)

This does not represent the full number of vaccinations done by general practitioners some of whom do not notify us on form 73A.

Since September we have been offering measles vaccination to new entrants to the two Day Nurseries.

Only children of the age of ten months and over are vaccinated with one dose of attenuated vaccine.

There were nine children vaccinated.

Cholera, Typhoid, Tetanus and Typhus

186 (372) individuals were vaccinated for one or more of the above diseases at the Vaccination Clinic, St. Mary’s Hospital, East Wing.

The actual numbers were:—

	1967	1966
Cholera	84	128
Cholera-typhoid	58	113
Typhoid and para-typhoid	38	128
Tetanus-typhoid	6	2
Typhus	—	1
	186	372

142 (241) international certificates of cholera were issued.

The numbers done by general practitioners and notified on Form EC73A were:—

	1967
Cholera	40
Cholera (Reinforcing doses)	12
Cholera-typhoid	64
Cholera-typhoid (Reinforcing doses)	3
Typhoid and para-typhoid	38
Typhoid and para-typhoid (Reinforcing doses)	3
Tetanus-typhoid (Reinforcing doses)	4
	<hr/> 164 <hr/>

General

1967 was the first complete year when the Immunisation Section was responsible for the clerical work connected with the Medical Arrangements for Long-Stay-Immigrants and also for the procedure for Infectious Diseases, follow-up of contacts and payments to general practitioners.

By re-arranging our existing duties, were we able to absorb this work into the Section without additional staff.

In accordance with Ministry of Health Circular 3/67, since 1st April, 1967, we have been receiving forms EC73A and EC73C from general practitioners instead of completed record cards which were supplied from the Health Department. As the new forms are flimsy and unsuitable for filing it will be necessary to make out our own record cards from them. On two occasions the Health Committee has supported our application for an additional clerk to carry out the extra work and each time the Council has refused our application. It was not until the new appointment was included in the Staff Review later in the year that we did get final approval for a temporary clerk for a period of six months only.

The new clerk will not be commencing duty before 1st February 1968, she will then have to cope with ten months arrears of work to bring our filing system up-to-date. There is a possibility that by the time this is done the clerk's six months will have terminated. As constant reference has to be made to the filing system, the handicap of having it ten months in arrears is very considerable.

The Circular also stated that we should keep the general practitioners informed of all vaccinations and immunisations done by the Health Department in the clinics and schools. This should have started on 1st April 1967, but without staff it was not possible to comply, in spite of requests to do so by the local Medical Committee. It will be possible, if the temporary clerk is made permanent, only by 1st April 1968. This is one year behind every other local authority in the area.

AMBULANCE SERVICE

Emergency Service

There were 4,344 emergency calls via the '999' system during the year, an increase of 5·1% in comparison with last year. This was a fairly steep increase and shows the continuing increasing use of the emergency call system by the public for accident or illness emergency. There were a number of these calls for an ambulance where it would have been more appropriate to have called the family doctor.

There was an increase in the number of calls to incidents wherein there were no casualties—about 12% of calls were in this category, but malicious calls remained at the same level as in the previous year (55).

In comparison with five years ago, emergency calls had increased by 32%.

Emergency call cases conveyed during the year totalled 3,953, an increase of 0·8% in comparison with the previous year—the lowest yearly increase on record for this Service. In comparison, however, with five years ago, the increase was 26%.

The total of 905 road accident casualties was 193 less than in the previous year. The highest monthly total was in September and the lowest was in December; the highest number on any one day was 11. Road accident cases were about 23% of emergency call cases.

People injured other than in road accidents numbered 1,312 an increase of 25 in comparison with last year. August and October had the highest monthly total and February the lowest; the highest number on any one day was 19. These injury cases were approximately 33% of the total.

There were 1,314 cases of sudden illness, an increase of 114. The highest number occurred in December and the lowest in February; 12 was the highest on any one day. Cases of sudden illness were 33% of all emergency call cases.

Emergency maternity cases numbered 137 during the year, an increase of 49 in comparison with last year. The highest monthly total was in June and the lowest was in September; the highest number on any one day was 3. These were 3% of emergency cases.

Overdoses of pills caused 186 cases to be conveyed, an increase of 26 compared with the previous year. The highest number was in July, the lowest in January; the highest number on any one day was 5. Overdoses were 4% of the total.

Cases of coal gas poisoning numbered 45, an increase of 4. The highest monthly total was in September and the lowest in February and December; the highest daily total was 2. These cases were 1% of the total.

Victims of burns and scalds totalled 51, an increase of 14 over last year's figure. The highest number occurred in December, there were none in February or November; 2 was the highest number on any one day. Burns and scalds were approximately 1% of the total.

Drowning cases remained at a low level, there being only 3 conveyed during the year—a reduction of 5 in comparison with last year.

The busiest month of the year was July, which had the highest monthly total ever recorded in this Service, February had the lowest figure. The busiest days of the week on average were Fridays and Saturdays and busiest part of the day was in the afternoons. The average time taken from the receipt

of the call to arrival at the incident was 5·7 minutes and from the receipt of call to arrival at hospital was 16·0 minutes, these times were a slight improvement in comparison with last year.

Overall, emergency call cases were 3·8% of the total number of patients conveyed by ambulance.

General Service

Excluding emergency call patients, the Service conveyed 100,842 other patients during the year, and of these 33,433 required two men to handle them and 67,409 were one man assisted cases.

Admissions increased very slightly during this year in comparison with the previous one, this slight increase was mainly stretcher cases.

Discharges decreased quite considerably and again was mainly a decrease in stretcher cases.

Inter-hospital and other transfers decreased very appreciably compared with last year, the decrease being in both stretcher and sitting cases.

Outpatients increased considerably, mainly in sitting cases.

Other persons conveyed showed a very appreciable increase, mainly in cases requiring two men to handle them.

The main volume of these patients were conveyed between 9 a.m. and 5 p.m., the peak hours being between 9 and 10.30 a.m. and again between 3 and 4.30 p.m., but the pressure was such throughout the whole day that the duty controllers found great difficulty in meeting the commitments with the resources available. Inevitably patients were delayed, mainly in the out-patient category—but there were no delays to any emergency call cases or urgent removal.

Supplementary Service

Patients conveyed by the Hospital Car Service during the year increased by 107 to a total of 1,032; mileage increased by 4,382 to a total of 27,521. The greater percentage of patients conveyed by them were to places outside the City—some were for considerable distances. There was no break in the service provided throughout the year and the Hospital Car Service met all the demands made upon it.

In comparison with last year, patients by train and boat increased slightly, but the mileage decreased appreciably—this was due to a greater number of patients to the Isle of Wight and London.

The St. John Ambulance Brigade provided emergency ambulance cover at Clarence Pier during summer week-ends and Bank Holidays. Both voluntary Organisations provided first-aid nurses on the Southsea seafront and Hilsea Lido during the summer, this had the effect of reducing emergency calls on the Ambulance Service.

Miscellaneous

The night and week-end rota for midwives continued to run smoothly and there were no delays in providing midwives for expectant mothers. Pocket radiotelephones were introduced into the Midwifery Service during the year, and these have proved beneficial beyond expectation. They have allowed quicker contact between Ambulance Control and midwives, it has allowed the midwives to pass messages via the Control to the family doctors without having to leave the expectant mother, on at least two occasions a general broadcast from Ambulance Control for a midwife to attend an

emergency childbirth had a midwife at the bedside in a matter of minutes, etc., etc.

A night and week-end rota for Mental Welfare Officers was introduced during the year and operated fairly smoothly.

The answering of enquiries from the public after office hours continued to operate fairly well.

Increase

The total of 106,188 patients was a 3·5 % increase over the previous year.

STATISTICS
WHOLE SERVICE

TABLE 'A'

Category	Directly Provided	Train and Boat	Supplementary			Totals	% of Total
			H.C.S.	V.O.	M.W.O.		
Accident and Emergency	3,953	—	—	22	—	3,975	3·8%
Admissions	6,217	40	48	—	8	6,313	5·9%
Discharges	4,750	77	66	—	2	4,895	4·6%
Transfers	9,623	60	306	—	5	9,994	9·4%
Outpatients	75,554	147	612	—	—	76,313	71·9%
Other Persons	4,698	—	—	—	—	4,698	4·4%
TOTAL	104,795	324	1,032	22	15	106,188	100%
Mileage	366,143	19,811	27,521	99	969	414,543	
Miles per patient	3·4	61·1	26·6	4·5	64·6	3·9	

EMERGENCY CALL PATIENTS

Directly Provided Service

TABLE 'B'

Month	Injuries		Illness	Matty.	Over- doses	C.G.P.	Burns	Scalds	Drn.	Total
	Road Accidents	Other Causes								
Jan. ..	61	84	111	9	9	5	2	3	—	284
Feb. ..	69	80	86	14	12	2	—	—	—	263
Mar. ..	69	103	88	10	13	2	4	3	1	293
Apr. ..	79	93	91	9	10	4	3	3	—	292
May ..	82	102	103	9	19	4	2	1	—	322
Jun. ..	54	106	100	18	13	5	2	4	—	302
July ..	91	139	135	11	22	—	—	1	2	401
Aug. ..	94	146	116	12	19	3	1	4	—	395
Sept. ..	109	103	111	6	17	8	2	2	—	358
Oct. ..	80	146	115	16	19	5	3	2	—	386
Nov. ..	70	82	112	8	14	5	—	—	—	291
Dec. ..	47	128	146	15	19	2	4	5	—	366
TOTAL ..	905	1,312	1,314	137	186	45	23	28	3	3,953

MENTAL HEALTH SERVICES

The value of Annual Reports as a means of indicating to the Committees responsible for the various services of the Local Health Authority the events of the previous year, have been questioned. It has been suggested that more effective appreciation of trends, aims and objects of the various services and the extent to which they have matched up to expectation, could better be reviewed tri-annually. In the more nebulous spheres of operation of the Mental Health Services where the presentation of statistics of patients in care or having received attention either means little or could be misrepresented, it seems that the case for such a longer term review is overwhelming. It is therefore proposed to make this year's Annual Report of the Mental Health Services brief with a view to a more extensive report next year, reviewing the years 1965-68 in greater depth.

The financial circumstances in which the Local Authority was placed by devaluation and rise in service costs left little money for expansion of the services and staff recruitment has been at a standstill. The Organisation and Establishment review of the department, whilst making certain recommendations which may have assisted the Health Department in general, resulted in the loss to the Mental Health Section of one or two valuable staff members who had chosen to work in the section for its own sake and did not wish to be re-deployed within the department on general services.

There seems little appreciation within the Local Authority's Organisation and Establishment's Review body that Health Services in general and the Mental Health Services in particular, provide a continuous 24 hour service and are in no way concerned with the Corporation's 9 a.m. to 5 p.m. exercise which operates in the majority of its other departments.

A further review of the Mental Health Section is pending at the time of writing this report and it is to be hoped that the section will be reviewed throughout the 24 hours.

The dedicated work of the staff at Lacey Lodge Hostel and at the Langstone House Training Centres continued and a belated and all too small salary rise was granted.

The integration of the Mental Health Section into the Health Department at the premises of Western Parade has been once again disrupted by a series of extensive renovations of the appallingly dilapidated premises in which the entire Health Department operates.

A comprehensive report of the deteriorating local situation regarding drug mis-use amongst the young was accepted by the City Council in April and with the exception of the provisions relating to the Education Authority, have been implemented.

The general feeling within the Local Authority services and its Mental Health branch in particular, is one of anticipation, not entirely without its anxieties of the several reports now pending which will re-organise Local Government and re-shape the National Health Service in a different form, which it must be conceded will probably be the form in which the majority of those at present employed will see throughout the balance of their lifetimes.

STATISTICS FOR THE MENTAL HEALTH SECTION

CARE OF THE MENTALLY ILL

Cases referred and admitted:							1967	1966
Section 5 (informal)	..	..	..	..	..	..	397	373
Section 25	..	..	..	..	..	..	73	81
Section 26	..	..	..	..	..	..	17	15
Section 29	..	..	..	..	..	..	84	98

Referrals:

General Practitioner	..	..	..	..	..	..	336	451
Hospital—after in-patient treatment				..	..	..	192	63
Hospital—after out-patient treatment				..	..	..	113	153
Local Education Authority	..	..	..	..	..	..	8	15
Police and Courts	..	..	..	..	..	..	99	78
Other sources	..	..	..	..	..	..	397	347
Total Referrals	..	..	..	..	..	..	1,145	1,107

CARE OF THE SUBNORMAL:

Subnormal	..	..	..	..	..	..	188	165
less than 16 years of age	..	..	..	..	..	..	31	26
Severely subnormal	..	..	..	..	..	..	129	110
less than 16 years of age	..	..	..	..	..	..	81	87
Guardianship cases	..	..	..	..	..	..	22	18
Resident in Home or Hostel at Local Authority expense	..	..	..	..	..	..	4	5
Boarded out at Local Authority expense	..	..	..	..	..	..	18	19
In attendance at the Day Training Centre	..	..	..	..	..	..	202	193
Receiving home teaching	..	..	..	..	..	..	15	14

REPORT OF THE CONSULTANT CHEST PHYSICIAN
FOR THE YEAR 1967

The number of active cases of pulmonary tuberculosis found continues to fall year by year and is now the best yard-stick of infection in the community. The results of past Mass X-Ray campaigns and widespread B.C.G. inoculation, along with control of activity by the use of modern drugs in the treatment of this disease, are demonstrated by the statistics which follow.

NOTIFICATIONS BY AGE GROUPS

Age Group	*NEW CASES						Grand Total
	Respiratory		Non-Respiratory		Combined		
	Male	Female	Male	Female	Male	Female	
0— 1	1 (—)	— (—)	— (—)	— (—)	1 (—)	— (—)	1 (—)
1— 4	— (—)	— (1)	— (—)	1 (—)	— (—)	1 (1)	1 (1)
5—14	1 (2)	— (1)	— (1)	— (—)	1 (3)	— (1)	1 (4)
15—24	2 (—)	1 (6)	— (—)	— (—)	2 (—)	1 (6)	3 (6)
25—34	1 (3)	2 (—)	— (2)	1 (—)	1 (5)	3 (—)	4 (5)
35—44	6 (5)	1 (4)	— (—)	— (1)	6 (5)	1 (5)	7 (10)
45—54	3 (4)	— (—)	1 (—)	— (—)	4 (4)	— (—)	4 (4)
55—64	5 (12)	2 (1)	— (—)	— (1)	5 (12)	2 (2)	7 (14)
65+	9 (4)	2 (4)	— (—)	— (1)	9 (4)	2 (5)	11 (9)
TOTAL	28 (30)	8 (17)	1 (3)	2 (3)	29 (33)	10 (20)	39 (53)

*Includes all primary notifications and new cases coming to the notice of the Medical Officer of Health by other means.

(Figures in brackets are those of 1966)

PRIMARY NOTIFICATIONS

Year	Respiratory	Non-Respiratory	Total
1961	85	4	89
1962	82	2	84
1963	70	8	78
1964	65	7	72
1965	64	4	68
1966	47	6	53
1967	36	3	39

SUMMARY OF CASES OF TUBERCULOSIS ON CLINIC REGISTER 1967

Diagnosis	Respiratory			Non-Respiratory			Total			Grand Total
	Men	W/m.	Ch.	Men	W/m.	Ch.	Men	W/m.	Ch.	
A. (1) No. of definite cases of tuberculosis on register 1st January 1967 ..	612	365	40	48	39	8	660	404	48	1,112
(2) Transfers from other authorities ..	7	4	1	1	—	—	9	4	1	13
(3) Lost sight of cases returned during year ..	3	—	—	—	—	—	3	—	—	3
B. No. of new cases diagnosed as tuberculosis during 1967										
(1) Class A. (T.B. minus) ..	5	1	2	1	1	1	6	2	3	11
(2) Class B. (T.B. plus) ..	21	7	—	—	—	—	21	7	—	28
C. No. of cases included in A and B written off the register during the year as:										
(1) Recovered ..	43	53	3	1	1	1	44	54	3	101
(2) Dead (all causes) ..	21	6	—	—	—	—	21	6	—	27
(3) Removed to other areas..	2	4	2	—	—	—	2	4	2	8
(4) For other reasons ..	6	6	1	—	—	—	6	6	1	13
D. No. of definite cases of tuberculosis on register 31st December 1967 ..	567	303	37	49	39	9	616	342	46	1,004

NUMBER OF CASES ON REGISTER AS AT 31ST DECEMBER

	1961	1962	1963	1964	1965	1966	1967
Respiratory	1,377	1,272	1,204	1,152	1,088	1,017	907
Non-Respiratory	88	88	90	94	95	95	97
TOTAL	1,465	1,360	1,294	1,246	1,183	1,112	1,004

CONTACTS

	1961	1962	1963	1964	1965	1966	1967
No. of new contacts examined ..	585	469	561	525	373	368	298
No. of contacts proved definite cases	6	2	10	10	10	4	3

DEATHS

Year	Respiratory	Death rate per 100,000 population	Non- respiratory	Death rate per 100,000 population
1961 ..	14	6.1	2	0.9
1962 ..	11	4.6	1	0.4
1963 ..	15	6.6	2	0.9
1964 ..	6	2.7	1	0.4
1965 ..	15	6.6	1	0.4
1966 ..	7	3.2	—	—
1967 ..	6	2.7	—	—

DEATHS BY AGE GROUPS

Age Group	Respiratory		Non-Respiratory		Combined		Grand Total
	Male	Female	Male	Female	Male	Female	
0— 1	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
1— 4	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
5—14	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
15—24	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
25—34	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
35—44	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
45—54	— (2)	— (—)	— (—)	— (—)	— (2)	— (—)	— (2)
55—64	2 (1)	1 (1)	— (—)	— (—)	2 (1)	1 (1)	3 (2)
65+	3 (2)	— (1)	— (—)	— (—)	3 (2)	— (1)	3 (3)
TOTAL	5 (5)	1 (2)	— (—)	— (—)	5 (5)	1 (2)	6 (7)

Of the 6 deaths from respiratory tuberculosis, all cases were notified during life.
(Figures in brackets are those of 1966)

MEDICAL SOCIAL WORKER'S REPORT 1967

During the past year the work has again been carried out by two Social Workers who are based at the Chest Clinic in Clive Road. They have continued to cover the Chest Clinics there and at Queen Alexandra Hospital, and also the chest beds in the Hospitals.

The aim of the Social Worker is by encouragement, support and practical assistance to help the patients help themselves so that they can adjust and return to as normal a life as their illness will allow.

The work is based on an understanding of people and their needs, and the difficulties which are created if the needs are not met. Only by establishing a professional relationship with the patient can the real cause of the difficulties be reached, and the problem assessed. The help required by the patient may involve acting for him or showing him how to act so as to improve his social situation over such matters as housing or employment difficulties, financial or domestic problems.

There are particular difficulties in adjusting finances during a period of illness. Delays in obtaining sickness benefit, fluctuations of income between part pay and supplements from the Ministry of Social Security when pay ceases, adjustments to be made when a patient is in and out of hospital, are all factors which lead to an uncertain income.

Patients get muddled and confused by the many forms and certificates, and this worry, added to that of the illness, increases the difficulty in adjusting to either, and could hinder recovery.

Often rent is due before the money arrives to pay it, and when the money does come, it is soon spent on coal, food, clothes, clubs, etc. and the rent is overlooked. Sometimes the Social Workers are not informed until Notice to Quit, or Court Orders arrive, and the arrears have reached such proportions that it is very difficult to help. Much time is spent in contacting agencies concerned, and clarifying the position before one can even set about finding practical assistance. Frequent and regular home visits are then made to help the family budget and meet their commitments on their limited resources. Where there are hire purchase commitments, arrangements can sometimes be made for these to be held over, or reduced, while the patient is unable to work. In other cases, financial help is obtained to clear debts and leave the income available for general living expenses.

The Voluntary Care Committee continues to help with a variety of requirements from clothes, bedding, floor covering, etc. to grants for extra nourishment and payments for coal, electricity and rent arrears.

Where a patient is an ex-service man, applications to the appropriate organisations may bring the help needed.

A number of patients have been helped with applications for rehousing. Those who are very short of breath need ground floor accommodation or at least a flat where there is a reliable lift, otherwise they are completely house-bound. Others live in poor flats or houses where leaking roofs and damp walls are not conducive to good health. In these circumstances medical recommendations and social reports are forwarded to the Director of Housing and as a result many of our patients have been satisfactorily rehoused.

Problems arise when the patient becomes fit to return to work. During a long period of illness some people grow unaccustomed to the idea of work

and require a great deal of encouragement to get back to a normal working day. This is sometimes made more difficult because the benefits they have received are little short of what can be earned in unskilled jobs, or the lighter employment they may have to take owing to the nature of their illness. Others are eager to return to work but suitable jobs may not be easily obtainable. Employers are contacted and close co-operation is maintained with the Employment Exchange and firms' Welfare Officers.

Many patients are not fit enough to do a regular job but would be quite capable of undertaking light work in their homes and in their own time; such employment would give them an interest, and the self-respect of being able to make some contribution to the household expenses, but unfortunately it is virtually impossible to find.

The majority of patients suffering from lung cancer have needed terminal care, either in their own homes or in Hospital. Generous grants have again been made by the National Society for Cancer Relief. Where patients have been nursed at home, full use has been made of the services provided. Arrangements were made for one man to go to the Marie Curie Home at Caterham as he did not wish to return to Hospital, and his wife was unwilling to look after him at home. For several months the patient was happy at Caterham where he had every comfort and care, but he then expressed a great desire to return to his home, and it was felt he should not be kept at Caterham against his will. He returned to his own home for a few weeks, but as his wife again neglected him, another solution had to be found. Eventually satisfactory arrangements were made for him to be nursed at his sister's home and he remained there until he died.

Several patients who took advantage of the art therapy facilities while in hospital have continued to paint at home. One man, who was rehoused on medical grounds, has painted a picture of the panoramic view from his top floor flat, and this painting has been purchased by the Corporation.

The Day Centre, recently opened by the Welfare Services Department, has met a great need and several of our patients have been able to take advantage of it. Transport picks them up and takes them home again. They get their main meal at the Centre and have the opportunity of meeting and talking to other people. This is especially appreciated by those who live alone.

Students working for the Certificate in Social Work continue to have First and Second Year Field-work Placements here, and the first three students have now qualified.

From January 1967—51 unmarried and unsupported mothers have been referred:—35 single girls, 6 married and separated from their husbands, 5 divorced, 2 widows, and 3 married women.

Age Groups:	Age	15	..	2
		16	..	2
		17	..	4
		18	..	5
		19	..	3
		20—25	..	27
		26—30	..	6
		30+	..	2
				—
				51
				—

15 have had their babies adopted. None of these girls would have kept their babies if a hostel had been available, as, for various reasons, they considered adoption best for the babies.

17 have kept their babies.

2 have had their babies taken into care.

Total .. 34

Of the 17 girls who have kept their babies:—

5 girls took the babies home to their parents.

1 (married, but baby born out of wedlock) also took the baby home as her husband agreed to this.

8 live in rooms or flats.

3 subsequently married the fathers of the babies.

The girls who have not been able to return home with their babies have had difficulty in finding accommodation. At present two have 'living-in' jobs, one has a Council flat, one has a furnished private flat, and four live in very unsuitable rooms.

The remaining 17 girls have not yet had their babies. At present, 13 are considering adoption, and four are planning to keep their babies. One of these four girls already has two children and is the tenant of a Council flat. She will take the baby back there so the problem of accommodation will not arise. The other three are still undecided as to whether or not they will marry the fathers of the babies.

MASS RADIOGRAPHY—1967*Report of the Medical Director***Administration**

The three Units are administered by the Wessex Regional Hospital Board with day to day control by the Portsmouth Group Hospital Management Committee. One Medical Director does the work of all three Units.

The role of the Units remains the same.

15A *Mobile Unit*. General Public and Industry throughout East Hants, West Sussex and Portsmouth. 43,253 examinations were carried out (51,995 in 1966).

15B *Mobile Unit*. General Practitioner referral sessions throughout East Hants, West Sussex and Portsmouth.

Out-Patient sessions at Portsmouth.

Patients from Chest Clinics at the War Memorial Hospital, Gosport and Queen Alexandra Hospital, Cosham.

23,694 examinations were carried out (23,849 in 1966). This figure does not include work carried out for Chest Clinics.

15C *Static Unit*. Large films when required, at base. 11 examinations carried out.

At the end of 1967, the Leyland Beaver Mobile Unit (Ministry of Health No. 33) was replaced by the Leyland Articulated Mobile X-Ray Unit (Regional Board) from Bournemouth, and commenced operating on the 15B (General Practitioner Circuit) on the 15th January 1968.

The 15A (General Public and Industrial) Unit visited 115 sites during the year.

Attendance

The total number of examinations carried out by all Units in 1967 was 66,958. This figure does not include the 355 patients X-rayed for the Chest Clinics at Gosport War Memorial Hospital and Queen Alexandra Hospital.

Of the total 21,195 (32 %) had not been X-rayed before.

15,117 (22 %) had last been X-rayed over 3 years ago.

30,646 (46 %) had been X-rayed in last 3 years.

Cases Referred by General Practitioners

15,339 examinations were carried out for Doctors throughout the whole area. 22 cases of active tuberculosis were found, giving an incidence of 1.43 per 1,000 (1.46 in 1966). This service appears to be much appreciated.

Pulmonary Tuberculosis

The findings are much the same as in 1966: 32 cases (incidence 0.48 per 1,000) of significant disease were found compared with 35 (incidence 0.46 per 1,000) in 1966.

Of these 32 cases, 22 were from referrals by General Practitioners, 6 from General Public, 3 from Industry and 1 from H.M. Borstal.

It will be seen that the search for tuberculosis cases must continue.

Carcinoma of the Bronchus

There has been an appreciable drop both in numbers and incidence. 133 cases (1·99 per 1,000) were found as against 170 cases (2·24 per 1,000) in 1966.

It is of interest that the gap between male and female incidence is closing appreciably. In 1961 the proportion of male to female cases was 10:1 whilst in this past year it is down to 5:1, (7·5:1 in 1966). 27 of these cases were found by the General Public Unit (15A).

Portsmouth

As in 1966, 10 active cases were found, but the total examined, 29,513, was larger, giving the low incidence of 0·34 per 1,000.

When one considers that twenty years ago when there were no special sessions for G.P. cases, which give the highest yield, the overall incidence was 5 per 1,000 and that in the female age group 17—24 for 1947, it was 10 per 1,000 as against 0·76 for 1967, the success of the fight against pulmonary tuberculosis becomes apparent. There is, however, no cause for complacency for cases are still being found, mostly referred by G.P.'s, but also from Industry and the General Public.

Conclusion

This report is almost a carbon copy of the previous year. Abnormal findings amongst the general public and industry are relatively infrequent—the bulk being found in those cases referred by General Practitioners.

Requests from Industry for the X-Ray Unit to attend to carry out examinations of their staffs are increasing, and whilst there is no doubt that although from our point of view the results are unrewarding, the facilities afforded by the Mass Radiography Service continue to be in great demand.

I wish to thank all the Chest Physicians concerned for their help in dealing with the cases referred to them and to the Medical Officers of Health for their continued co-operation.

I wish the Staff of the Units to know how much I appreciate their hard work and loyalty: work is done as much as 50 miles from base with the inconveniences this entails.

TOTAL NUMBER EXAMINED IN AGE GROUPS
TABLE I

Age Group	—14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male ..	278	·42	175	·26	3,281	4·90	3,987	5·95	6,134	9·16	6,394	9·55	6,218	9·29	2,869	4·29	2,326	3·47	3,141	4·69	34,803	51·98
Female ..	285	·43	171	·26	3,467	5·18	3,903	5·83	5,896	8·80	6,382	9·53	5,548	8·29	2,267	3·38	1,749	2·61	2,487	3·71	32,155	48·02
TOTAL ..	563	·84	346	·52	6,748	10·08	7,890	11·78	12,030	17·97	12,776	19·08	11,766	17·57	5,136	7·67	4,075	6·09	5,628	8·40	66,958	100·00

ANALYSIS BY AGE—CASES SHOWING EVIDENCE OF ACTIVE PULMONARY TUBERCULOSIS

(Rate per 1,000 in each group)

TABLE II

Age Group	—14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		Total	
	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000	No.	per 1,000
Male ..	—	—	—	—	1	.3	2	.5	3	.49	5	.78	2	.32	1	.35	1	.43	7	2.23	22	.63
Female ..	—	—	—	—	1	.29	4	1.02	2	.34	2	.31	—	—	—	—	1	.57	—	—	10	.31
TOTAL ..	—	—	—	—	2	.3	6	.76	5	.42	7	.55	2	.17	1	.19	2	.49	7	1.24	32	.48

TABLE III

ANALYSIS OF ABNORMAL FINDINGS

SECTION A. NEWLY DISCOVERED CASES OF PULMONARY TUBERCULOSIS					Male	Female	Total	Rate per 1,000
0.	Cases of Tuberculosis referred to the Chest Clinic or Hospital and considered on investigation to require close Clinic supervision or treatment:—				22	10	32	·48
	(a) Not infectious							
	(b) Infectious							
	(c) Not examined							
	(d) Domiciliary treatment							
	(e) Hospital treatment (0 only)				1	—	1	
		(ad)	..	..	6	2	8	
		(ae)	..	..	2	1	3	
		(bd)	..	..	1	1	2	
		(be)	..	..	11	5	16	
		(cd)	..	..	1	1	2	
1.	Cases of Tuberculosis requiring occasional out-patient supervision only:—				148	114	262	3·91
SECTION B. NON-TUBERCULOSIS CONDITIONS								
2.	Malignant Neoplasms:							
	(a) Primary carcinoma bronchus				111	22	133	1·99
	(b) Others				12	13	25	
3.	Non-Malignant Neoplasms				2	3	5	
4.	Lymphadenopathies—excluding sarcoids				—	2	2	
5.	Sarcoids—including enlarged hilar glands				1	13	14	
6.	Congenital cardiac abnormalities				3	3	6	
7.	Acquired cardiac abnormalities				31	24	55	
8.	Pneumoconiosis without P.M.F.				2	—	2	
20.	Bacterial and virus infection of the lungs				96	66	162	
21.	Bronchiectasis				20	11	31	
22.	Pulmonary Fibrosis (Non-Tuberculous)				16	8	24	
23.	Spontaneous Pneumothorax				8	4	12	
24.	Abnormalities of the diaphragm and oesophagus				4	20	24	
25.	Pleural effusion (Non-Tuberculous)				11	4	15	

ORGANISED GROUPS

TABLE IV

	Number Examined			Numbers Showing Evidence of Significant Pulmonary Tuberculosis						
	Code No.	Male	Female	Total	Male		Female		Combined Total	Combined Incidence
					No.	Incidence per 1,000	No.	Incidence per 1,000		
General Public	7	8,884	11,985	20,869	5	.56	1	.08	6	.29
Industrial Groups	6	15,510	11,275	26,785	2	.13	1	.09	3	.11
School Children—positive reactors	3v	251	273	524	—	—	—	—	—	—
General Practitioner referrals	2	7,957	7,382	15,339	14	1.76	8	1.08	22	1.43
Psychiatric Hospitals	9	211	—	211	—	—	—	—	—	—
Contacts	4	113	79	192	—	—	—	—	—	—
Contacts of positive reactors	40	104	135	239	—	—	—	—	—	—
Out-patients—General Hospitals	0	1,005	937	1,942	—	—	—	—	—	—
Persons in Prisons, Borstals, etc.	6x	647	88	735	1	1.55	—	—	1	1.36
School Children	3	121	1	122	—	—	—	—	—	—
TOTALS		34,803	32,155	66,958	22	.63	10	.31	32	.48

PORTSMOUTH
CASES OF SIGNIFICANT TUBERCULOSIS

TABLE V

Age Group	—14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number examined	105	109	43	47	1,653	1,622	1,980	1,957	2,692	2,174	2,921	2,507	3,048	2,549	1,339	965	1,032	706	1,134	930	15,947	13,566
Number of active cases	—	—	—	—	1	—	—	2	—	—	2	—	1	—	1	—	—	1	2	—	7	3
Rate per 1,000 examined ..	—	—	—	—	.6	—	—	1.02	—	—	.68	—	.33	—	.75	—	—	1.42	1.76	—	.44	.22
Combined rate	—	—	—	—	.31	—	.51	—	—	—	.37	—	.18	—	.43	—	.58	—	.97	—	.34	—

EAST HAMPSHIRE
CASES OF SIGNIFICANT TUBERCULOSIS

TABLE V

Age Group	—14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number examined ..	32	33	55	70	943	1,174	1,047	1,178	1,986	2,533	2,046	2,534	1,783	1,859	811	741	688	543	1,035	753	10,426	11,418
Number of active cases	—	—	—	—	—	1	1	1	1	1	1	1	—	—	—	—	—	—	3	—	6	4
Rate per 1,000 examined ..	—	—	—	—	—	.85	.96	.85	.5	.39	.49	.39	—	—	—	—	—	—	2.9	—	.58	.35
Combined rate	—	—	—	—	.47	.47	.9	.9	.44	.44	.44	.44	—	—	—	—	—	—	1.68	—	.46	.46

WEST SUSSEX
CASES OF SIGNIFICANT TUBERCULOSIS

TABLE V

Age Group	—14		14		15/19		20/24		25/34		35/44		45/54		55/59		60/64		65+		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number examined ..	141	143	77	54	685	671	960	768	1,456	1,189	1,427	1,341	1,387	1,140	719	561	606	500	972	804	8,430	7,171
Number of active cases	—	—	—	—	—	—	1	1	2	1	2	1	1	—	—	—	1	—	2	—	9	3
Rate per 1,000 examined ..	—	—	—	—	—	—	1·04	1·3	1·37	·84	1·4	·75	·72	—	—	—	1·65	—	2·06	—	1·07	·42
Combined rate	—	—	—	—	—	—	1·16	—	1·13	—	1·08	·4	·9	—	—	—	1·13	·77	—	—	—	—

DETAILS OF AREAS VISITED—1967

		PULMONARY TUBERCULOSIS			CARCINOMA (Bronchus)	
		<i>Requiring close supervision or treatment</i>		<i>Requiring occasional supervision</i>		
		<i>Number X-rayed</i>	<i>No.</i>	<i>Rate per 1,000</i>	<i>No.</i>	<i>Rate per 1,000</i>
PORTSMOUTH ..	29,513	10	·34	95	41	1·39
EAST HANTS						
Gosport	9,487	4	·42	27	6	1·33
Havant	2,537	1	·39	17	3	
Petersfield ..	2,132	—		1	1	
Portchester ..	1,679	—		6	1	
Fareham	1,288	3	2·33	11	8	
Waterlooville ..	913	—		5	3	
Cowplain	523	—		9	2	
Liphook	519	—		—	—	
Stubbington ..	376	1	2·66	1	1	
Lee-on-Solent ..	336	—		2	—	
Widley	287	—		—	1	
Denmead	280	—		—	—	
Rowlands Castle	250	—		—	—	
Horndean	246	1	4·07	1	1	
Southbourne ..	199	—		1	—	
Liss	193	—		—	—	
Clanfield	172	—		1	—	
Hambledon	135	—		—	1	
Westbourne	135	—		—	—	
Purbrook	96	—		4	1	
Rake	61	—		1	—	
	21,844			87	29	
WEST SUSSEX						
Chichester	2,908	3	1·03	5	2	3·99
Worthing	2,004	2	1·00	22	21	
Bognor	1,741	1	·57	9	2	
Horsham	1,667	1	·6	8	9	
Shoreham	863	1	1·16	4	4	
Southwick	797	—		5	—	
Littlehampton ..	751	2	2·66	7	13	
Pulborough	597	1	1·68	3	2	
Midhurst	556	—		1	—	
Petworth	492	—		—	—	
Storrington	487	1	2·05	2	2	
Steyning	416	—		—	—	
Ford	349	—		5	—	
Arundel	348	—		2	—	
Henfield	326	—		2	2	
Billingshurst ..	299	—		—	1	
Tangmere	288	—		—	—	
Lancing	229	—		4	3	
Bramber	192	—		—	—	
Rustington	167	—		1	—	
Bosham	124	—		—	1	
	15,601	12		80	62	

SPECIAL TREATMENT CENTRE
SAINT MARY'S HOSPITAL, (WEST WING), PORTSMOUTH
REPORT FOR 1967

The total number of new cases attending during the year was marginally higher, at 1,488, than the year before.

Syphilis

The number of cases of early syphilis rose from 7 to 14 and, with the exception of one female, all were over the age of 25.

Gonorrhoea

The number of cases of gonorrhoea in the male fell to 187 but the female cases increased to 115. There was no significant change in the age groups, 23% of Female, 15% of Male were under 20.

Non Gonococcal Urethritis

This condition, the incidence of which is steadily increasing has now become the commonest reason for men to attend hospital. In all cases efforts are made to see, investigate and treat the wife or consort.

Contact Tracing

A close liaison with Surg. Lieut.-Comdr. P. J. Banfield, R.N., Specialist in Venereology, ensures that the female consorts of Naval personnel are referred for examination and treatment at St. Mary's Hospital.

In addition to the issue of contact cards to patients, all defaulters are notified and traceable sources of infection, are sought out and, persuaded to come to hospital by Miss Albertolli the Social Worker.

Educational Activities

Some thousands of posters have been distributed to commercial premises, colleges, etc. by the Health Department, aimed at providing information about sexually transmitted diseases, especially to women, and there is evidence that this is proving effective.

Special Treatment Centre

In August the department was moved into new premises on the first floor of the new Out Patients building of St. Marys Hospital. As it is now possible for both sexes to be accommodated separately, it has been possible to double the amount of time during the week that patients can be seen. This has resulted in a more even flow, and less waiting time for patients.

Staff

In May, Mr. Alfred Waller retired after 50 years service in the department. This unique record of service started in 1917 when the first clinic for civilians was opened in Portsmouth by the R.A.M.C. On demobilisation Mr. Waller continued to work in the clinic at the Royal Hospital until the clinic was destroyed by bombing, and since then at St. Marys Hospital.

His cheerful personality and wealth of knowledge of Portsmouth and its inhabitants is greatly missed.

Dr. H. L. Belcher, O.B.E.

The sudden death in December of Dr. Belcher was a sad and bitter blow to the Venereal Diseases Service in the Wessex Region.

Following retirement from the Royal Navy he worked in the Wessex Region as Consultant Venereologist in the Isle of Wight and at Salisbury, but continued after retirement from the N.H.S. to work throughout the region in a locum capacity.

REPORT OF THE MEDICAL OFFICER OF HEALTH
SPECIAL TREATMENT CENTRE
ST. MARY'S HOSPITAL (WEST WING), PORTSMOUTH

			<i>Totals</i>	<i>Male</i>	<i>Female</i>
SYPHILIS	1 NEW CASES OF SYPHILIS	(i) Primary	8	7	1
		(ii) Secondary	6	3	3
		(iii) TOTAL OF LINES 1 (i) and 1 (ii)	14	10	4
		(iv) Latent in the first year of infection	2	—	2
		(v) Cardio-vascular	3	2	1
		(vi) Of the nervous system	—	—	—
		(vii) All other late and latent stages	9	5	4
		(viii) Congenital, aged under 1 year	—	—	—
		(ix) Congenital, aged 1 but under 5 years	—	—	—
		(x) Congenital, aged 5 but under 15 years	—	—	—
		(xi) Congenital, aged 15 and over	—	—	—
		(xii) TOTAL OF LINES 1 (iii) to 1 (xi)	28	17	11
	2 AGE GROUPS OF CASES IN ITEM 1 (i) & 1 (ii) ABOVE	(i) Under 16	—	—	—
		(ii) 16 and 17	—	—	—
		(iii) 18 and 19	1	—	1
		(iv) 20-24	—	—	—
		(v) 25 and over	13	10	3
	3	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	5	4	1
	4	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	33	7	26
GONORRHOEA	5 NEW CASES OF GONORRHOEA	(i) Post-pubertal infections	302	187	115
		(ii) Vulvo-vaginitis	—		—
		(iii) Ophthalmia neonatorum	—	—	—
		(iv) TOTAL OF LINES 5 (i) to 5 (iii)	302	187	115
	6 AGE GROUPS OF CASES IN ITEM 5 (i) ABOVE	(i) Under 16	1	—	1
		(ii) 16 and 17	16	6	10
		(iii) 18 and 19	37	21	16
		(iv) 20-24	122	76	46
		(v) 25 and over	126	84	42
	7	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	4	3	1
	8	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	181	107	74
OTHER CONDITIONS	9 NEW CASES OF OTHER CONDITIONS	(i) Chancroid	—	—	—
		(ii) Lymphogranuloma Venereum	—	—	—
		(iii) Granuloma Inguinale	—	—	—
		(iv) Non Gonococcal Urethritis	329	329	
		(v) Non Gonococcal Urethritis with Arthritis	3	3	
		(vi) Late or Latent Treponematoses presumed to be non-Syphilitic	—	—	—
		(vii) Other conditions requiring treatment within the centre	542	204	338
		(viii) Conditions requiring no treatment within the centre	277	222	55
		(ix) Undiagnosed conditions	7	5	2
		(x) TOTAL OF LINES 9 (i) to 9 (ix)	1,158	763	395
	10	CASES TRANSFERRED FROM OTHER CENTRES IN ENGLAND AND WALES AFTER DIAGNOSIS	7	7	—
	11	CASES IN WHICH TREATMENT AND OBSERVATION WERE COMPLETED	1,013	726	287

	<i>Totals</i>	<i>Male</i>	<i>Female</i>
12 NUMBER OF INDIVIDUAL PATIENTS ATTENDING IN YEAR WITH NEW INFECTIONS OF:			
(1) PRIMARY OR SECONDARY SYPHILIS			
AGE GROUPS			
(i) Under 16	—	—	—
(ii) 16 and 17	—	—	—
(iii) 18 and 19	1	—	1
(iv) 20–24	—	—	—
(v) 25 and over	13	10	3
(2) GONORRHOEA (Post-pubertal)			
AGE GROUPS			
(i) Under 16	1	—	1
(ii) 16 and 17	16	6	10
(iii) 18 and 19	36	20	16
(iv) 20–24	115	71	44
(v) 25 and over	121	81	40
13 LOCALITIES IN WHICH INFECTIONS TOOK PLACE			
(1) PRIMARY OR SECONDARY SYPHILIS			
(i) In locality of Centre	3	1	2
(ii) Elsewhere in Great Britain and Northern Ireland	5	4	1
(iii) Outside Great Britain and Northern Ireland	2	2	—
(iv) Not known	4	3	1
(2) GONORRHOEA (Post-pubertal)			
(i) In locality of Centre	241	141	100
(ii) Elsewhere in Great Britain and Northern Ireland	43	29	14
(iii) Outside Great Britain and Northern Ireland	14	13	1
(iv) Not known	4	4	—
14 ATTENDANCES AND DIAGNOSES OF CONTACTS			
(1) Contact slips issued to patients with			
(i) Syphilis, primary and secondary	4	2	2
(ii) Gonorrhoea	117	117	—
(2) Contacts attending with			
(i) Syphilis, primary and secondary	4	2	2
(ii) Gonorrhoea	76	2	74
(iii) Other conditions	82	23	59
15 TOTAL ATTENDANCES OF ALL PATIENTS			
(i) Syphilis	337	240	97
(ii) Gonorrhoea	1,209	785	424
(iii) Other conditions	3,269	2,196	1,073
(iv) ALL CONDITIONS (TOTAL OF 15 (1) (ii) and (iii))	4,815	3,221	1,594
16 Cultures for the gonococcus	2,398	108	2,290

PARASITIC INFESTATION

*By the Medical Officer in Charge, Disinfestation Clinic***Pediculosis**

The figures for the year showed a very small increase of cases from those for the previous year.

During the year 49 households of 53 families, comprising 129 individuals attended, compared with 41 households of 41 families, comprising 123 individuals in 1966.

Total number of patients attending during the year:—

			1967	1966
Cases	..	..	64	71
Contacts	..	..	65	52
			—	—
			129	123
			—	—

The distribution as to age and sex was:—

	Under 5			1—55			Over 15			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Infested	2	5	7	19	16	35	15	7	22	36	28	64
Non-Infested	9	4	13	9	14	23	2	27	29	20	45	65
Total of first attendances ..	11	9	20	28	30	58	17	34	51	56	73	129
Subsequent attendances ..	2	5	7	19	15	34	6	6	12	27	26	53

School children aged 5—15 years accounted for 54·7% of the infested cases, compared with 65·1% for 1966.

Six cases were sent by local general practitioners, one from a hospital, one from a laundry, one by the Children's Officer, two cases by the Police and three cases from a local factory. The remainder were found during cleanliness inspections in the schools and referred by the School Health Service.

There were sixteen cases of phthirius pubis (crab lice). In one of them the infestation was on a child's eyelids.

No cases required prosecution under Section 85 of the Public Health Act, 1936.

The following table shows numbers infested for the last twelve years:—

1956	..	82	1962	..	225
1957	..	62	1963	..	111
1958	..	59	1964	..	169
1959	..	57	1965	..	104
1960	..	78	1966	..	71
1961	..	118	1967	..	64

The decrease in the attendances of pediculosis cases at the Disinfestation Clinic is partly accounted for by the domiciliary visits paid by the assistant nurse to the habitually verminous families. At these visits heads are inspected

and early re-infestations dealt with. This procedure keeps many children at school who otherwise would have been excluded and would have had to pay several visits to the Disinfestation Clinic before being allowed back to school.

Particulars of the cases treated at school clinics are given below:—

<i>Clinics</i>	<i>Old Cases</i>		<i>New Cases</i>	
	<i>1966</i>	<i>1967</i>	<i>1966</i>	<i>1967</i>
Hillside	304	287	197	57
St. George's Square ..	369	346	174	54
	<u>673</u>	<u>633</u>	<u>371</u>	<u>111</u>

129 home visits were made by the Assistant Nurse during 1967 compared with 79 during 1966.

Scabies

During the year 53 households of 58 families, comprising 161 individuals attended. This is double the number of infested for 1966 which was 39 compared with 76 this year.

Total number dealt with during the year:—

	<i>1967</i>	<i>1966</i>
Cases	76	39
Contacts	85	28
	<u>161</u>	<u>67</u>

Four individuals were referred from Purbrook, one from Gosport and one from Fareham. These have not been included in the figures shown above.

Twenty nine cases were sent by general practitioners, four by the local hospitals and the remainder were sent by the School Health Service.

Distribution as to age and sex was:—

	<i>Under 5</i>			<i>5—15</i>			<i>Over 15</i>			<i>Total</i>		
	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Infested	9	4	13	15	11	26	15	22	37	39	37	76
Non-Infested	9	14	23	16	14	30	9	23	32	34	51	85
Total of first attendances ..	18	18	36	31	25	56	24	45	69	73	88	161
Subsequent attendances ..	9	5	14	15	10	25	14	25	39	38	40	78

The following table shows the number of infested cases and contacts for the past ten years:—

<i>Year</i>	<i>Cases</i>	<i>Contacts</i>
1958	90	58
1959	92	60
1960	67	54
1961	94	78
1962	45	24
1963	72	40
1964	82	41
1965	49	19
1966	39	28
1967	76	85

ANNUAL REPORT OF THE CHIEF HEALTH INSPECTOR FOR 1967

W. Meredith, M.R.S.H., M.A.P.H.I.

1967 was a year of great variation in the numbers of the public health inspectorate. It opened gloomily, the Chief Inspector being absent on sick leave. The forebodings of 1966 became fact when Mr. W. F. Appleton retired prematurely in February. After nearly twenty three years of notable service by one of its most remarkable and dynamic employees, the Corporation were deprived of their Chief Inspector at a time when the most serious staffing problem of its history was developing in the inspectorate.

The crisis built up from two resignations anticipated in 1966. A former student inspector followed the trail marked by many of his predecessors, to find better prospects in a smaller authority. The second resignation posed a more serious problem as the resigning Inspector covered the Port Health inspection duties, as well as trying to cope with three districts. On his departure to the less onerous duties of a neighbouring urban district, his Portsmouth workload devolved upon his ex-colleagues. The Port Health duties and one district were grafted on to the duties of a Senior Inspector, whilst the balance was distributed amongst the few remaining inspectors.

At this juncture, the inspectorate lost another valuable man owing to the uncertainty which clouded the future location of Improvement Grant work. Despite the Public Health Department's Herculean efforts and unparalleled record in improvement grant work with the minimum of staff and expense it appeared to this officer that the duties he had performed with notable efficiency, might be absorbed by another department of the Corporation. Accordingly he took his talents from Portsmouth to a less precarious post in Surrey. Your Public health inspectorate thereafter found itself at the very nadir of its strength with only one operative district inspector and very much in need of a boost to its morale.

A much needed fillip came in the form of a series of promotions from within the inspectorate. Not only was I extremely fortunate in being promoted to the vacant post of Chief Inspector, but I also 'inherited' a team of colleagues, both technical and administrative, of the highest calibre, the esteem in which I hold them being matched only by my increasing indebtedness to them as the year progressed.

The vacant post caused by my promotion was very suitably filled by Mr. C. W. J. Cooksley, an advancement which gave great satisfaction to everybody in the Department and rounded off a career of great distinction. Mr. Cooksley has served the City by raising the Housing Section to a standard of efficiency unsurpassed in the country. It is a matter of congratulation to Mr. Cooksley, but of great regret to his colleagues, that he is due to retire in 1968.

These resignations and promotions in the inspectorate made it evident that the divisional offices at Portsdown House and Russell Street would become further under-manned and their effectiveness imperilled. The most effective deployment of a limited staff was therefore from a concentration at headquarters. Accordingly the outlying staffs were recalled to Western Parade.

Thereafter, the inspectorate began a remarkable recovery and surprisingly recruited three experienced inspectors, a much needed reinforcement, which, despite the seasonable loss at Christmas time of a popular young technical assistant to a brewery firm, ended the year on a note of optimism.

In the year reviewed, the staff shortages reflect chiefly on district work due to the constantly changing complement of district inspectors. Unlike the permanence of the staff of the Housing Section, whose work on clearance, improvement area surveys and improvement grants maintained its output and thoroughness, district inspection had for periods to be of an extempore nature. At no time was there the necessary continuity of surveillance on many of the catering premises in the City, which require frequent reminders of the law enforcement the public health inspector represents. Nevertheless there was an improvement towards the end of the year due to the influx of new blood and the generosity and wisdom of the Committee in authorising an increased number of car allowances. The subsequent conservation of energy and time resulting from greater mobility of staff will show dividends in the future, especially in the particularly important field of food hygiene enforcement.

Senior members of the staff attended the funeral of Mr. F. R. Bell, lately Sampling Officer in the Department. Son of a former Chief Sanitary Inspector of the City, Mr. Bell had a life-long interest in the Department in which his service was characterised by a complete application to duty. It was lamentable that so long a career in the public service should have reaped so short a retirement.

Reflecting on my first seven months tenure of office I feel that I once again should conclude this preamble to my first report by thanking all the members of my section for the magnitude of their achievements despite the minuteness of their numbers.

Environmental Health

A fortunate occurrence was a remarkable decrease in recorded complaints. Complaints fell from the 1966 total by over 500 to 1,526. Nearly two-thirds of the complaints concerned defective premises. Whilst much remedial work was secured by informal action many of the complaints resulted in formal action by the department. This took the form of:—

- 398 Intimation Notices
- 199 Abatement Notices
- 2 Without further delay letters
- 62 Seven day letters
- 1 Forthwith letter

In addition 1 Section 26, and 31 Section 17 notices were served under the Public Health Act 1961.

From this activity the usual crop of dilatory or evasive agents and owners resulted in 32 cases being referred to the Town Clerk for court action. The threat of proceedings produced the necessary reaction in 25 cases which were settled before the magistrates heard the evidence.

The balance were resolved as follows:—

7 cases were proceeded with under Section 94 of the Public Health Act 1936.

4 resulted in orders being made.

3 were withdrawn before hearing.

In one of the seven cases adjudicated upon further proceedings were necessary.

At the end of the year 248 Abatement Notices were outstanding.

Nuisances from Deposits, Dust, Noise, etc.

All who have been concerned about the proliferation of unsightly and insanitary deposits on vacant sites in the city will welcome the coming into force of the Civic Amenities Act 1967. The fines attached to a conviction for unauthorised dumping are such as to deter the most hardened litterer. This department has for years advocated the need for positive action against the anti-social minority who have foisted their unwanted materials on to their fellow citizens by abandoning vehicles, mattresses, etc., etc., where they think fit. The defect in the new law would appear to be the restriction of offence to dumping on land in the open air. The consequences of this law may be evaded if the materials are shied on to any of the derelict premises with which Portsmouth abounds. These inexplicable, festering hovels are often civic property. The attention of the Department focussed on one such ruin to which all the illicit dumpers in Portsmouth must have made a misguided pilgrimage, for it contains a little of everything malodorous and insanitary, and abounded in flies. Its situation—fifty feet from a wholesale meat market! A little inter-departmental communication and the premises were demolished. The best thing to do with property under the death sentence is to pull it down within the shortest possible time of its being vacated. The site then becomes land in the open air and the adventurous dumper may find himself lighter by one mattress and one hundred pounds.

NOISE

Total number of complaints received	19
Total number investigated	19
Total number of visits in regard to noise	57

Noise Abatement Act 1960

Section I

	<i>Industrial</i>	<i>Commercial</i>	<i>Domestic</i>	<i>Total</i>
Number of nuisances confirmed ..	—	1	1	2
Number of nuisances remedied informally	—	1	1	2
Number of abatement notices under Section I	—	—	—	—
Number of nuisance orders	—	—	—	—

Most common cause of complaint—noise from neighbours.

Analysis of complaints received:—

Neighbours	9
Motor Vehicles	2
Industrial	3
Commercial	3
Pneumatic Road Drills	1
Animals	1
	—
	19
	—

Section II

No complaints and no action.

Information required by Circular 1/68 Ministry of Health**Common Lodging House**

Portsmouth has one traditional-type common lodging house. It is conducted in premises scheduled for preservation as a building of architectural merit.

The present lodging-house keeper is a progressive younger member of the family long associated with the business of lodging-house keeping on these premises. Besides perpetuating the family name in the registration he has inherited the onerous task of operating in a deteriorating property at a time when the occupation is becoming less and less profitable. In the post-World War II years this common lodging house has provided not merely sleeping accommodation but daytime shelter with cooking facilities for a section of the public whose mode of life would probably be unacceptable in other institutions. This is a social service which, if transferred to the local authority could well cost the local and national exchequers a considerable amount of money. The operator requires financial assistance to modernise and repair his house. Limited improvements have been made in accordance with his restricted finances but the necessary restoration of the structure and the provision of modern ablution facilities are expensive undertakings beyond his capability. Such works should be considered in the same category as those ranking for improvement grants. Failing this the owner may be compelled to close his establishment, or any further untoward deterioration of the building may cause the Public Health Department to refuse registration. In either eventuality the local authority would be saddled with the provision of alternative accommodation for the biggest 'problem family' yet.

Within the last two years this common-lodging-house keeper has put up a scheme for temporarily rehousing his lodgers in a scheduled property, whilst he supervised the proposed works. To do this he has needed both approval and money. So far he has had every form of the first, including written approval from the Health Department, and none of the second. It would be a sensible conclusion for this man to be given official assistance to keep his lodging-house open and his lodgers out of public institutions. It may well be that a solution to this problem may be found within the provisions of Part I of the Civic Amenities Act 1967!

Information required by Circular 1/68 Ministry of Health**(a) Milk Supplies—Brucella Abortus**

(i) Number of samples of raw milk examined—Nil.

(b) Liquid Egg (Pasteurisation) Regulations 1963

No egg pasteurisation plant in the district.

(c)

<i>Categories of premises</i>	<i>No. of premises</i>	<i>To comply with Reg. 16</i>	<i>To which Reg. 19 applies</i>	<i>To comply with Reg. 19</i>
Grocers	440	407	440	307
School Kitchens	29	29	29	29
Confectioners	149	119	116	88
Butchers	133	123	133	113
Greengrocers	166	139	111	100
Public Houses	111	111	111	111
Canteens	106	88	106	101
Nursing Homes, Day Nurseries and O.P.H.	29	25	29	35
Fried Fish	61	55	61	56
Fresh Fish	40	39	40	39
Cafes	130	122	130	126
Cake Shops	104	101	88	85
Off Licences	42	39	42	37
Snack Bars	48	46	48	46
Bakeries	18	18	18	18
Private Clubs	25	21	25	23
Supermarkets	20	17	20	17
Restaurants	52	46	52	48
Kiosks	23	17	23	17
Delicatessens	20	18	20	15
Hotels, Guest Houses	334	290	234	317
Ice Cream Parlours	4	4	4	4
TOTALS	2,084	1,874	1,980	1,732

(d) Poultry Inspection

No poultry processing premises within district.

Food Premises

**Number of offences and prosecutions under
Food Hygiene (General Regulations) 1960**

<i>Part</i>	<i>Number</i>		<i>Totals</i>	
	<i>Offences</i>	<i>Convictions</i>	<i>Offences</i>	<i>Convictions</i>
Part II—General requirements ..	10	2	51	7
Part III—Requirements relating to persons engaged in the handling of food	6	2	<i>Fines and Costs</i>	
			£100 and £10 10s. 0d. (one case only)	
			<i>Disqualifications</i>	
Part IV—Requirements relating to food premises	35	3	Nil	

The figures above refer to the number of regulations contravened, not all the offences being the subject of a prosecution. The seven convictions and the fine and costs recorded were in the one case taken against two brothers who were joint proprietors of a Pakistani restaurant. Although a strong case for disqualification of the manager was made out by the Solicitor for the Corporation, and the public health inspector concerned spent over an hour giving evidence on the deplorable conditions found in the restaurant, the

Bench considered the youth of the appearing brother sufficient justification to negative the application for disqualification. A frustrated inspector took little heart from the exemplary fine imposed on the defendant for the offending premises besides being insanitary, badly maintained and lacking hygiene-wise staff, held food at room temperature and under conditions ideal for the generation of food poisoning organisms. The fact that no outbreak had originated from this establishment can only be ascribed to that inexplicable factor luck. It is unwise to generalise, but it is evident that this particular type of catering establishment requires a greater amount of surveillance than other eating-houses in Portsmouth. Perhaps it is due to an inherent inability on the operator's part to appreciate the basic reasons for food hygiene. Language difficulty can account for part of the indifferent standard of management, but the fact remains that although few nationalities present such agreeable, eager to please characters, similarly few people develop so lackadaisical an attitude to food hygiene.

Table of contraventions of

FOOD HYGIENE (GENERAL) REGULATIONS 1960

<i>Regulation No.</i>	<i>Contraventions</i>	<i>No. of Offences</i>
5	Food business carried on at insanitary premises	4
6	Cleanliness of equipment	5
8	Food to be protected from risk of contamination	4
14	Sanitary conveniences	7
16	Provision of wash hand basins	9
17	Provision of first aid equipment	1
18	Clothing accommodation	2
19	Facilities for the washing of food and equipment	4
21	Ventilation of food rooms	3
23	Cleanliness, repair, etc. of food rooms ..	10
24	Accommodation of refuse	1
25	Temperature at which certain foods are to be kept	1
		51

Food

The public are becoming accustomed to the use of expiry dates on pre-packed goods as a yardstick for judging the fitness of the product. The only criterion of the inspector is the fitness or unfitness of the food for human consumption. Bacon, for example, badly stored may become unfit before the expiry date, and, conversely, the same food, stored under ideal conditions may last well beyond the advertised date. Other factors also affect the soundness of the foodstuff, such as the reliability of the package. An investigated complaint of malodorous bacon was thought to have its conclusion in the fishmeal diet of the pigs prior to slaughter, but on further enquiry the appallingly fishy smell coming from the packet was found to be due to bacterial decomposition following the failure of the vacuum pack. As the package bore a current date the purchaser was rightly concerned, but no departmental action was taken against the producers for this mischance.

A tremendous amount of time is devoted by the food inspectors to the solving of complaints regarding foreign matter in food. Apart from taking down and checking the complainant's statement of the happening, there are conferences with producers and retailers and finally with the legal advisers

of the Corporation. It is therefore essential that the presence of extraneous matter be confirmed beyond all possible doubt:—

- (a) that it is extraneous matter and not a natural constituent appearing as something else.
- (b) that it was actually part of the purchase and not added either intentionally or accidentally after purchase.

Considerable time was spent on two incidents in 1967, both of which proved to be fallacies. One was a suspected elastic band in a fish finger. It proved to be part of a membrane natural to the fish. The other had the obnoxious appearance of a striped insect in sliced corned beef. It was found to be striped muscle, a natural constituent of the food stuff.

Carelessness in the canning industry caused particles of corroded metal to adhere to the meat removed from a corroded corned beef can. Imported in the latter part of 1965, the can was found to be improperly assembled, the bottom plate being affixed upside down, in consequence the sulphides in the product had attacked the lacquerless metal.

A carton of clotted cream with a shelf life of 48/72 hours was sold, mouldy and sour, sixteen days old. The retailer's reliance on the dairy salesman's rotation of stock brought a fine of £5 with £3 3s. 0d. costs. Coming soon after a similar incident the tradesman solved future problems by shutting up the shop concerned.

EXTRANEOUS MATTER IN FOOD

202 cases of foreign matter in food were investigated and culminated in degrees of action varying from the mere investigation, through warnings and severe warnings, to the ultimate of prosecution. Although fines and costs amounted to only £60 18s. 0d. for the four cases taken, the ultimate cost to offenders, caused by the adverse publicity, cannot be assessed. This type of sanction against the careless trader is probably the most powerful deterrent, and it is now a most self-assured manager who can shrug off a lapse on the part of his staff, or ignore some stupid failure of proper stock rotation.

The principal foreign matter found in food was mould which accounted for nearly a third of the complaints.

The following table shows the commodities affected by alien materials varying from metal and glass, through insects and larvae, to blue lettering (from official stamp) and commonplace mould.

<i>Commodity</i>	<i>Foreign Matter</i>		<i>Mould</i>
	<i>Number Home produced</i>	<i>Number imported</i>	<i>Number</i>
Milk	18	—	1
Butter	—	—	—
Cheese	—	1	1
Bread	7	—	10
Canned Meat ..	3	15	6
Cooked Meat ..	3	—	—
Meat Pies	9	—	8
Fish	—	2	—
Fruit	4	3	—
Jam	1	—	—
Vegetables	6	1	1
Cereals	3	1	—
Sweets	2	2	—
Confectionery ..	16	1	15
Other Food	34	7	21
TOTALS	106	33	63

UNSOUND FOOD SURRENDERED OR CONDEMNED

		<i>tons</i>	<i>cwts.</i>	<i>lbs.</i>
Meat at wholesale premises ..		3	8	96
Meat at retail shops		1	14	48
Cooked meat and meat products			16	5
Fish (fresh)		1	—	91
Fruit and vegetables (fresh) ..		4	19	51
Other foods		1	13	80
TOTAL		13	13	35

Clean Air Act 1956

Monitoring of the Portsmouth atmosphere continued in 1967 although late in the year one air pollution station was put out of action by fire in the school where it operated. With the influx of experienced staff the inspectorate will in the future devote much more attention to the important aim of securing a city atmosphere as free from pollution as is possible.

Five contraventions of the Act were recorded against industrial installations for emissions of dark and black smoke but no prosecutions followed.

The conflict of the theoretical aesthetes and hygiene utilitarians continued to smoulder around chimney heights.

26 plans showing new chimneys were submitted, all being finally approved after alterations to 10 of them.

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

TABLE A
REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>Number of premises newly registered during the year</i>	<i>Total number of registered premises at end of year</i>	<i>Number of registered premises receiving one or more general inspections during the year</i>
(1)	(2)	(3)	(4)
Offices	47	645	280
Retail shops	121	1,541	706
Wholesale shops, warehouses	8	122	35
Catering establishments open to the public, canteens	33	413	201
Fuel storage depots ..	1	6	2
TOTALS	210	2,727	1,224

TABLE B

Number of Visits of all kinds (including general inspections) to Registered Premises 4,615

TABLE C
ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES AT END OF YEAR

<i>Class of workplace</i> (1)	<i>Number of persons employed</i> (2)
Offices	9,286
Retail shops	9,478
Wholesale departments, warehouses ..	1,705
Catering establishments open to the public	2,552
Canteens	165
Fuel storage depots	25
TOTAL	23,211
Total Males ..	9,716
Total Females ..	13,495

TABLE D
EXEMPTIONS

No. of exemptions current at end of year, Sanitary Conveniences 1.
 No. of applications refused, Washing Facilities 2.

TABLE E
PROSECUTIONS

Two prosecutions were taken during the year under Section 6 (failure to maintain a reasonable temperature).

In one case the employer was fined ten pounds plus five pounds costs and in the other the case was dismissed on a technical point of service of summons.

TABLE F
STAFF

No. of inspectors appointed under section 52 (1) or (5) of the Act 1.
 No. of other staff employed for most of their time on work in connection with the Act 3.

Registration and Inspection of Premises

210 Premises were registered during the year.

<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments</i>	<i>Stores</i>	<i>Total</i>
47	121	8	33	1	210

A large majority of new registrations was obtained as the result of visits by inspectorate staff to unregistered premises, only a small number of new businesses being registered without the employers having to be informed by the inspectorate of the necessity to register.

ANALYSIS OF CONTRAVENTIONS

<i>Section</i>	<i>Number of Contraventions found</i>		<i>Section</i>	<i>Number of Contraventions found</i>	
4	Cleanliness	37	13	Sitting facilities	14
5	Overcrowding	16	14	Seats (Sedentary workers)	0
6	Temperature	187	15	Eating facilities	3
7	Ventilation	31	16	Floors, passages and stairs	169
8	Lighting	14	17	Fencing exposed parts machinery	69
9	Sanitary conveniences ..	241	18	Protection of young per- sons working at danger- ous machinery ..	0
10	Washing facilities ..	145	19	Training of young persons working at dangerous machinery	0
11	Supply of drinking water	3	23	Prohibition of heavy work	0
12	Clothing accommodation	71	24	First aid	182
			50	Information for employees	293
				TOTAL	1,475

GENERAL COMPLIANCE

<i>Section</i>	<i>Number of Contraventions complied</i>		<i>Section</i>	<i>Number of Contraventions complied</i>	
4	Cleanliness	62	13	Sitting facilities	45
5	Overcrowding	15	14	Seats (Sedentary workers)	0
6	Temperature	682	15	Eating facilities	9
7	Ventilation	71	16	Floors, passages and stairs	648
8	Lighting	40	17	Fencing exposed parts machinery	127
9	Sanitary conveniences ..	827	18	Protection of young per- sons from dangerous machinery	0
10	Washing facilities ..	538	19	Training of young persons working at dangerous machinery	0
11	Supply of drinking water	5	23	Prohibition of heavy work	0
12	Clothing accommodation	204	24	First aid	715
			50	Information for employees	950
				TOTAL	4,938

Compliance in general has been good although employers are still finding great difficulty in obtaining suitable modifications to machinery.

NOTIFICATION OF ACCIDENTS

Reported Accidents

<i>Workplace</i>	<i>Number Reported</i>		<i>Total No. Investigated</i>	<i>Action Recommended</i>			
	<i>Fatal</i>	<i>Non-Fatal</i>		<i>Prose-cution</i>	<i>Formal warning</i>	<i>Informal advice</i>	<i>No. action</i>
Offices	0	10	6	0	1	1	8
Retail shops ..	0	84	43	0	6	8	70
Wholesale shops Warehouses ..	0	13	2	0	0	0	15
Catering establish- ments open to public, canteens	0	10	3	0	2	1	13
Fuel storage depots	0	1	1	0	0	0	2
TOTALS ..	0	108	55	0	9	10	98

Analysis of Reported Accidents

	<i>Offices</i>	<i>Retail shops</i>	<i>Wholesale warehouses</i>	<i>Catering establishments open to public, canteens</i>	<i>Fuel storage depots</i>
Machinery	0	4	0	0	1
Transport	0	2	2	0	0
Falls of persons	3	29	4	4	0
Stepping on or striking against object or person	1	10	1	0	0
Handling goods	2	33	4	3	0
Struck by falling object ..	1	10	1	0	0
Fires and explosions	0	0	0	0	0
Electricity	0	1	0	0	0
Use of hand tools	0	1	0	1	0
Not otherwise specified ..	0	0	0	0	0

HOUSING

In 1967 official representations were commenced with respect to the Clearance Programme for the period 1967—1971, embracing 2,931 houses in 28 areas in Landport.

For 1967 the areas represented were:—

Landport 22
Landport 23
Landport 24
Landport 25
Landport 26

Classification followed survey of the areas which were finally designated as:—

Landport 22	Delhi Street No. 1
Landport 23	Glidden Street No. 1
Landport 24	Arundel Street No. 5 Bishop Street No. 1
Landport 25	Fifth Street No. 1 Fourth Street No. 1
Landport 26	Kilmiston Street No. 1 Terwick Street No. 1

LANDPORT No. 22 CLEARANCE AREA**Delhi Street No. 1**

No. of houses	124
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Besant Road Nos. 1, 3, 5 and 7

Canal Walk Nos. 24, 25, 26, 27, 28, 29, 30, 33, 34, 37, 40 and 42

Curtiss Terrace Nos. 37, 38, 39, 40, 41 and 42

Delhi Street Nos. 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 45, 47, 49, 51, 53, 55, 57, 59, 63, 65, 2, 4, 6, 8, 10, 12, 14, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, and 58

Highfield Street Nos. 2A, 2/4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82 and 84

Somers Road North Nos. 263, 265, 267, 269, 271, 273 and 289

No. of other buildings—Store adjoining No. 24 Canal Walk	.. .. .	1
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		

No. of families	123
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No. of persons	370
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The Census of the number of persons who were occupying the buildings comprised in the Clearance Area, was taken on 1st February, 1967.

LANDPORT No. 23 CLEARANCE AREA**Glidden Street No. 1**

No. of houses	124
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Besant Road Nos. 11, 13, 15, 17, 19, 21, 23, 25, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53 and 55

Bishop Street Nos. 4, 6, 8, 10, 12, 14, 16, 18, 20, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46 and 48

Curtis Terrace No. 36/36A

Glidden Street Nos. 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 28, 30, 32, 34, 36, 40, 46 and 50

Highfield Street Nos. 1, 3, 5, 7, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, 61, 63, 65, 67, 69, 71, 73, 75, 77, 79, 81 and 83

and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith

No. of families	..	..	..	..	..	..	..	..	127
No. of persons	..	..	..	..	..	..	..	..	374

The Census of the number of persons who were occupying the buildings comprised in the Clearance Area, was taken on 5th April, 1967.

LANDPORT No. 24 CLEARANCE AREA

Arundel Street No. 5

No. of houses	..	..	..	..	..	..	..	..	4
Arundel Street Nos. 148, 150, 152 and 154 and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith									
No. of families	..	..	..	..	..	..	..	..	4
No. of persons	..	..	..	..	..	..	..	..	12

Bishop Street No. 1

No. of houses	..	..	..	..	..	..	..	..	84
Arundel Street Nos. 168, 174, 178, 180, 182/182A, 184, 186, 190, 192, 196, 198, 200, 202, 204, 206, 208, 210, 212, 124, 216, 224 and 230 Besant Road Nos. 57, 59, 61, 63 and 65 Bishop Street Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, 61, 63, 65, 67, 69, 71, 73, 75, 77, 81, 83, 85, 87, 89, 91, 93 and 95 Newcastle Street Nos. 1, 3, 5, 7, 9, 11, 4, 6, 8, 10, 12, 14, 16 and 18									
No. of other buildings	..	..	..	..	..	..	..	..	5
Arundel Street Nos. 170/172, 176, 188, 194, and building at rear of No. 230 and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith									
No. of families	..	..	..	..	..	..	..	..	79
No. of persons	..	..	..	..	..	..	..	..	243

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on 5th July, 1967.

LANDPORT No. 25 CLEARANCE AREA

Fifth Street No. 1

No. of houses	..	..	..	..	..	..	..	..	40
Fifth Street Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 2A, 2, 4, 6, 8, 10, 12, 14, 16, 18 and 20 St. Mary's Road Nos. 137, 139, 141, 143, 145, 147, 149, 151, 153, 155, 157, 159, 161, 163, 165, 167, 169 and 171 and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith									
No. of families	..	..	..	..	..	..	..	..	41
No. of persons	..	..	..	..	..	..	..	..	99

Fourth Street No. 1

No. of houses	..	..	..	..	..	..	..	..	10
Fourth Street Nos. 9, 11, 13, 15, 17, 19, 21, 23, 25 and 27 and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith									
No. of families	..	..	..	..	..	..	..	..	7
No. of persons	..	..	..	..	..	..	..	..	10

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on 12th September, 1967.

LANDPORT No. 26 CLEARANCE AREA**Kilmiston Street No. 1**

No. of houses	.. .. .	123
Fratton Road Nos. 267, 283, 285, 287, 289, 291, 293, 295, 297, 299, 303, 305, 307, 309, 311/313, 315, 317, 319, 321 and 323		
Gunner Street Nos. 58, 60, 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 57/57A, 59, 61, 63, 67, 69, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89, 91 and 93		
Kilmiston Street Nos. 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96, 98, 100, 102, 57, 59, 61, 63, 65, 67, 69, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89, 91, 93, 95, 97, 99 and 103		
Lake Road Nos. 238, 240, 242, 244, 248, 250, 252/254, 256, 258, 260, 262, 264, 266, 268, 274, 276, 278, 280, 282 and 288		
Terwick Street Nos. 3 and 5		
No. of other buildings	.. .. .	4
Fratton Road No. 325		
Kilmiston Street No. 60		
Lake Road Nos. 246 and 284/286		
and any yards, outhouses, gardens and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	125
No. of persons	.. .. .	302

Terwick Street No. 1

No. of houses	.. .. .	3
Fratton Road No. 257		
Terwick Street Nos. 9 and 11		
No. of other buildings	.. .. .	2
Fratton Road Nos. 251/255 and 259		
and any yards, gardens, outhouses and appurtenances belonging thereto or usually enjoyed therewith		
No. of families	.. .. .	4
No. of persons	.. .. .	8

The Census of the number of persons who were occupying the buildings comprised in the Clearance Areas was taken on 5th December, 1967.

These Clearance Areas were followed by Compulsory Purchase Orders under Part III of the Housing Act 1957 namely:—

Highfield Street No. 1	Compulsory Purchase Order
Glidden Street No. 1	Compulsory Purchase Order
Newcastle Street No. 1	Compulsory Purchase Order
Fifth Street No. 1	Compulsory Purchase Order
Kilmiston Street No. 1	Compulsory Purchase Order

Houses in Old Portsmouth

Negotiations relating to offers of works affecting these properties continued and after protracted discussions with the owners' representatives were finalised by the Council's acceptance. Therefore, no formal action was taken under the provisions of the Housing Act 1957.

Declaration of Unfitness Orders	Nil
Individual Houses Represented as Unfit:—	Nil
Houses unfit for human habitation represented to the Committee under Part II, Housing Act 1957:—	Nil
Closing Orders	Nil
Demolition Orders	Nil
Undertakings not to be used for human habitation	Nil
Parts of buildings closed	Nil
Undertakings to demolish	Nil

The results from 1966's programme are shown in the following table of Public Inquiries which were held during 1967:—

<i>Local Public Inquiry</i>	<i>Date</i>	<i>Result</i>
City of Portsmouth (Simpson Road No. 1) Compulsory Purchase Order 1966	7. 2.1967	Confirmed with modification by Minister of Housing and Local Government on 7.9.1967
City of Portsmouth (Widley Street No. 1) Compulsory Purchase Order 1966	4. 4.1967	Confirmed with modification on 4.10.1967
City of Portsmouth (Cherry Garden Lane No. 1) Compulsory Purchase Order 1966	4. 4.1967	Confirmed without modification on 13.9.1967
City of Portsmouth (White Cloud Place No. 1) Compulsory Purchase Order 1966	20. 6.1967	Confirmed with modification on 30.8.1967
City of Portsmouth (Highland Road No. 1) Compulsory Purchase Order 1966	20. 6.1967	Confirmed with modification on 27.9.1967
City of Portsmouth (Artillery Terrace No. 1) Compulsory Purchase Order 1966	20. 6.1967	Confirmed with modification on 8.9.1967

Orders Confirmed by Minister of Housing and Local Government

City of Portsmouth (Ashby Place No. 1) Compulsory Purchase Order 1965	Confirmed with modification by Minister of Housing and Local Government on 8.3.1967
City of Portsmouth (Stanley Lane No. 1) Compulsory Purchase Order 1965	Confirmed with modification on 15.3.1967
City of Portsmouth (Rudmore Road No. 1) Compulsory Purchase Order 1965	Confirmed with modification on 16.5.1967
City of Portsmouth (Tipnor Street No. 1) Compulsory Purchase Order 1965	Confirmed with modification on 26.6.1967
City of Portsmouth (White Cloud Place No. 1) Compulsory Purchase Order 1966	Confirmed with modification on 30.8.1967
City of Portsmouth (Simpson Road No. 1) Compulsory Purchase Order 1966	Confirmed with modification on 7.9.1967
City of Portsmouth (Artillery Terrace No. 1) Compulsory Purchase Order 1966	Confirmed with modification on 8.9.1967
City of Portsmouth (Cherry Garden Lane No. 1) Compulsory Purchase Order 1966	Confirmed without modification on 13.9.1967
City of Portsmouth (Highland Road No. 1) Compulsory Purchase Order 1966	Confirmed with modification on 27.9.1967
City of Portsmouth (Widley Street No. 1) Compulsory Purchase Order 1966	Confirmed with modification on 4.10.1967

Wisborough Road No. 1 Compulsory Purchase Order 1965

Order not confirmed but properties found to be unfit.

Whilst the foregoing were being resolved field work was proceeding in Landport for the current clearance programme in which the following were included:—

Brompton Road, Commercial Road, Emanuel Street, Gladstone Street, Grafton Avenue, Grafton Street, Lake Road, Longs Road, Mayo Street, Princes Street, Sultan Road, Turk Street and Victoria Street.

Improvement Areas

Inspection of the Southsea Improvement Area continued and the detailed survey of the houses included in the proposed Southsea No. 3 and 4 areas revealed that the prevailing conditions were as follows:—

Dwellings lacking one or more of the 'five standard amenities':—

				<i>Tenanted</i>	<i>Owner Occupied</i>
Southsea No. 3 Improvement Area (Jubilee Road No. 1 Improvement Area)	..	..	..	23	50
Southsea No. 4 Improvement Area (Jubilee Road No. 2 Improvement Area)	..	..	..	24	69

Dwellings having all amenities:—

Southsea No. 3 Improvement Area (Jubilee Road No. 1 Improvement Area)	..	..	..	34
Southsea No. 4 Improvement Area (Jubilee Road No. 2. Improvement Area)		..	..	17

Dwellings in Council Ownership:—

Southsea No. 3. Improvement Area (Jubilee Road No. 1 Improvement Area)	..	..	..	Nil
Southsea No. 4. Improvement Area (Jubilee Road No. 2 Improvement Area)	..	..	..	6

Analysis of Dwellings Lacking the 'Five Standard Amenities':—

				<i>Tenanted</i>	<i>Owner Occupied</i>
Southsea No. 3 Improvement Area					
(Jubilee Road No. 1 Improvement Area)					
Dwellings lacking a bath or shower in a bathroom	..			10	4
Dwellings lacking a wash hand basin	..	..	..	14	10
Dwellings lacking hot and cold water supply to a fixed bath or shower	..	..	..	11	6
Dwellings lacking a hot and cold water supply to a wash hand basin	..	..	..	19	29
Dwellings lacking a hot and cold water supply to a sink				9	16
Dwellings lacking an internal water closet..	..	..	..	13	30
Dwellings lacking satisfactory facilities for storing food	..			17	42
Southsea No. 4 Improvement Area					
(Jubilee Road No. 2 Improvement Area)					
Dwellings lacking a bath or shower in a bathroom	..			12	10
Dwellings lacking a wash hand basin	..	..	..	18	17
Dwellings lacking a hot and cold water supply to a fixed bath or shower	..	..	..	18	11
Dwellings lacking a hot and cold water supply to a wash hand basin	..	..	..	20	38
Dwellings lacking a hot and cold water supply to a sink				12	21
Dwellings lacking an internal water closet..	..	..	..	21	52
Dwellings lacking satisfactory facilities for storing food	..			12	50

As at least one half of the dwellings in the areas which were lacking one or more of the 'five standard amenities' and were so constructed that it was practicable to improve them to the full standard and would, after they had been improved to the full standard, be in such a condition as to be fit for human habitation and would be likely, subject to normal maintenance to remain in that condition and available for use as dwellings for a period of not less than fifteen years, the Council declared these areas to be improvement areas.

Whilst the foregoing were being resolved, field work was proceeding in the areas approved in principle which included:—

Bath Road, Bramble Road, Delamere Road, Edmund Road, Fawcett Road, Francis Avenue, Jessie Road, Londesborough Road, Shanklin Road, Sutherland Road, Talbot Road and Ventnor Road.

Houses considered for purchase in Advance of Requirements:—27.

Housing Act 1957

Number of inspections 1,226
 Number of visits 2,411
 No. of inspections re: demolitions 2,890

Housing Act 1964

Number of inspections 392
 Number of visits 131

Improvement Grants

Informal Applications for Standard Grants 835
 Informal Applications for Discretionary Grants 37
 Formal Applications for Standard Grants 430
 Formal Applications for Discretionary Grants 22
 Completion Certificates for Standard Grants 339
 Completion Certificates for Discretionary Grants 19

RENT ACT, 1957

Part I—Applications for Certificates of Disrepair

1.	Number of applications for certificates	..	..	..	..	..	3
2.	Number of decisions not to issue certificates	..	..	..	..	..	Nil
3.	Number of decisions to issue certificates						
	(a) in respect of some but not all defects	..	..	..	..	..	Nil
	(b) in respect of all defects	..	..	..	..	..	Nil
4.	Number of undertakings given by landlords under paragraph 5 of the First Schedule	..	..	..	..	..	Nil
5.	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	..	..	..	..	..	Nil
6.	Number of certificates issued	..	..	..	..	..	Nil

Part II—Applications for Cancellations of Certificates

7.	Applications by landlords to Local Authority for cancellation of certificates						Nil
8.	Objections by tenants to cancellation of certificates	..	..	..	..	..	Nil
9.	Decisions by Local Authority to cancel in spite of tenant's objections	..	..	..	..	..	Nil
10.	Certificates cancelled by Local Authority	..	..	..	..	..	Nil

FACTORIES ACT 1961Prescribed Particulars of the Administration
of the Factories Act, 1961**Part I of the Act**

1—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	23	20	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	702	175	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)		—	—	—
TOTAL	725	195	—	—

2—Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more 'cases'.)

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)			By H.M. Inspector (5)
Want of cleanliness (S.1) ..	4	4	—	1	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	2	2	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	7	7	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out- work)	—	—	—	—	—
TOTAL	13	13	—	2	—

Part VIII of the Act
OUTWORK
 (Sections 133 and 134)

Section 133. No. of out-workers in August list required by Section 133(1)(c). Wearing apparel: making, etc., 106.

PEST CONTROL

Rodent Control. The Pest Officer is responsible for the direct control of a staff of seven. Two of the three rodent operator/disinfestors left during the year and the vacant posts were filled. The four rodent operators remain unchanged.

The following tables show:—

- (1) Number and type of complaints received.
- (2) The number of infestations treated by the department, and
- (3) Suspect drains tested during the course of this work.

(1) Complaints Received—1,586

	<i>Rats</i>	<i>Mice</i>
Dwellings ..	679	654
*Business Premises	130	151
Local Authority	151	74

(2) Surveys Carried Out—579

	<i>Rats</i>	<i>Mice</i>
Dwellings ..	231	69
*Business Premises	22	18
Local Authority	157	34

(3) Examination of Drains.

<i>Tested</i>	<i>Found Defective</i>
18	16

*Rechargeable work.

Surveys of refuse tips, demolition areas, foreshores, sewerage disposal stations, parks, allotments and open areas are frequently made as a matter of routine.

Warfarin is still the principle poison used and no resistance has been found.

The treatment of the City's sewerage system continues in liaison with the Ministry of Agriculture, Fisheries and Food. Encouraging results have

been obtained on the Mainland and North Island, as shown on the summary sheet. During 1968 work will be concentrated on the South Island.

In June a film was made by the Ministry of Agriculture, Fisheries and Food with the co-operation of the department, on the control of rats in a town's sewer system.

A modification to the Tiverton Manhole lifter was made by the Pest Officer and proved to be most effective. An appreciative article and photographs were published in the Municipal Engineer concerning this useful innovation.

*Disinfestation

	<i>Bugs</i>	<i>Fleas</i>	<i>Lice</i>	<i>Cockroaches</i>
Dwellings	27	169	1	6
Dwellings (L.A.) ..	16	171	—	1
Other Premises (L.A.)	1	9	—	4
Business Premises ..	5	13	—	19

Rooms Treated

	<i>Bugs</i>	<i>Fleas</i>	<i>Lice</i>	<i>Cockroaches</i>
Dwellings	34	377	6	16
Dwellings (L.A.) ..	51	896	—	5
Other Premises (L.A.)	5	48	—	10
Business Premises ..	11	62	—	44

*Rechargeable work.

Insecticides used in this work remain unchanged.

An electrically operated disinfestation oven was installed in a room adjoining the Disinfestation Clinic and will be used for disinfesting verminous clothing and bedding.

Pigeon Control

During the year, an intensive campaign to reduce the pigeon population was carried out successfully. The Pest Officer and assistants often returned to work at midnight as it was deemed necessary to carry out much of this work during the hours of darkness, in order to ensure that good relations with the public were maintained.

The Guildhall, Town Station and the Old Chapel, Edinburgh Road were among the many public and private places involved in this campaign in which 1,116 birds were humanely despatched and 277 eggs destroyed.

PORTSMOUTH SEWERS—SUMMARY OF TREATMENTS
APRIL 1967 to JANUARY 1968

	April 1967		July 1967		October 1968		January 1968	
	Baited	Takes	Treatments	Baited	Takes	Treatments	Baited	Takes
Mainland ..	601	6	Warfarin	Nil	Nil	Nil	92	3
North Island ..	585	54	Test-Bait Warfarin	50	3	Warfarin	50	1
South Island ..	1,916	Not Recorded	1,081	2,018	Not Recorded	1,081	2,068	549
TOTALS ..	3,102	60	—	2,068	3	—	2,210	553

Total Manholes Baited 8,188
Total Manholes with Recordings 4,255
Total Takes 631

SUMMARY OF WORK CARRIED OUT

INSPECTION OF PREMISES:—

Public Health Acts, etc.	..	..	..	..	..	..	..	2,761
Housing Act, 1957	..	..	..	..	..	..	..	1,226
Housing Act, 1964	..	..	..	..	..	..	..	392
New buildings	..	..	..	..	..	..	..	620
Underground rooms	..	..	..	..	..	..	..	11
Rent Act, 1957	..	..	..	..	..	..	..	9
Re Water supply	..	..	..	..	..	..	..	19
Re Permitted numbers	..	..	..	..	..	..	..	10
Re Council house applications	..	..	..	..	..	..	..	163
Re Standard improvement grants	..	..	..	..	..	..	..	1,604
Re Discretionary improvement grants	..	..	..	..	..	..	..	78

Miscellaneous Premises

Offices, shops and railway premises	..	..	..	..	..	..	..	1,224
Common lodging house	..	..	..	..	..	..	..	3
Tents, vans, sheds	..	..	..	..	..	..	..	9
Caravan sites	..	..	..	..	..	..	..	56
Verminous premises	..	..	..	..	..	..	..	36
Smoke and colour tests to old drains	..	..	..	..	..	..	..	72
Re Sewers and drains	..	..	..	..	..	..	..	301
Power factories	..	..	..	..	..	..	..	175
Non-power factories	..	..	..	..	..	..	..	20
Outworkers	..	..	..	..	..	..	..	106
Nursery school and child minders	..	..	..	..	..	..	..	22
Nursing homes	..	..	..	..	..	..	..	10
Old persons homes	..	..	..	..	..	..	..	8
Hairdressers	..	..	..	..	..	..	..	127
Schools	..	..	..	..	..	..	..	27
Public conveniences	..	..	..	..	..	..	..	15
Hotels, guest houses, etc.	..	..	..	..	..	..	..	97
Farms	..	..	..	..	..	..	..	1

Miscellaneous Inspections

Swimming and paddling pools, beaches, etc.	..	..	..	..	..	..	..	206
Rodent control	..	..	..	..	..	..	..	49
Tips and refuse accumulations, etc.	..	..	..	..	..	..	..	112
Chalk pits	..	..	..	..	..	..	..	1
Re Air pollution	..	..	..	..	..	..	..	64
Air pollution meter readings	..	..	..	..	..	..	..	896
Re Flooding	..	..	..	..	..	..	..	32
Re Smells	..	..	..	..	..	..	..	101
Re Infestations	..	..	..	..	..	..	..	13
Vacant sites	..	..	..	..	..	..	..	34
Re Demolition	..	..	..	..	..	..	..	2,890

VISITS

Dwelling Houses

Re Public Health Acts	..	..	..	..	..	..	..	2,001
Re Housing Act, 1957	..	..	..	..	..	..	..	2,411
Re Housing Act, 1964	..	..	..	..	..	..	..	131
Re Standard and discretionary grants	..	..	..	..	..	..	..	1,201
Re Testing of fittings	..	..	..	..	..	..	..	224
Re New buildings	..	..	..	..	..	..	..	620
Re C.P.O. census	..	..	..	..	..	..	..	1,162

Miscellaneous

Offices, shops and railway premises	..	..	..	..	..	..	..	4,615
Factories	..	..	..	..	..	..	..	195
Food premises	..	..	..	..	..	..	..	47
Hairdressers	..	..	..	..	..	..	..	127
Re Sewers and drains	..	..	..	..	..	..	..	301

INSPECTION OF FOOD PREMISES, ETC.

School meal kitchens	..	..	..	..	..	..	..	..	82
Milk and dairies	..	..	..	..	..	..	..	..	234
Milk vending machines	..	..	..	..	..	..	..	..	49
Milk floats	..	..	..	..	..	..	..	..	20
Ice cream retailers	..	..	..	..	..	..	..	..	136
Ice cream factories	..	..	..	..	..	..	..	..	26
Ice cream depots	..	..	..	..	..	..	..	..	16
Ice cream vans	..	..	..	..	..	..	..	..	29
Tripe boilers	..	..	..	..	..	..	..	..	1
Bakeries	..	..	..	..	..	..	..	..	48
Fish fryers	..	..	..	..	..	..	..	..	47
Fishmongers, wet and retail	..	..	..	..	..	..	..	..	4
Fish wholesalers	..	..	..	..	..	..	..	..	285
Restaurants, cafes, factory canteens, etc.	..	..	..	..	..	..	..	..	401
Sweet shops	..	..	..	..	..	..	..	..	98
Greengrocers	..	..	..	..	..	..	..	..	137
Grocers	..	..	..	..	..	..	..	..	231
Butchers—retailers	..	..	..	..	..	..	..	..	142
Butchers—wholesalers	..	..	..	..	..	..	..	..	468
Bread and cake shops	..	..	..	..	..	..	..	..	62
Sausages and cooked meats	..	..	..	..	..	..	..	..	19
Preserved food premises—Sec. 16	..	..	..	..	..	..	..	..	245
Shellfish vendors	..	..	..	..	..	..	..	..	6
Soft drink manufacturers	..	..	..	..	..	..	..	..	1
Market stalls and vans	..	..	..	..	..	..	..	..	1,024
Potato crisp manufacturers	..	..	..	..	..	..	..	..	5
Breweries	..	..	..	..	..	..	..	..	1
Public houses and off licences	..	..	..	..	..	..	..	..	29
Hotels and guest houses	..	..	..	..	..	..	..	..	555
Confectioners—wholesale	..	..	..	..	..	..	..	..	1
Supermarkets	..	..	..	..	..	..	..	..	23
Proposed restaurants	..	..	..	..	..	..	..	..	4
Miscellaneous	..	..	..	..	..	..	..	..	7

INVESTIGATIONS

Noise, dust, effluent, etc.	..	..	..	..	..	..	..	..	43
Flooding, subfloor water, etc.	..	..	..	..	..	..	..	..	36
Nuisances from animals, etc.	..	..	..	..	..	..	..	..	19
Nuisances from laundry	..	..	..	..	..	..	..	..	4
Infectious diseases, food poisoning contacts	..	..	..	..	..	..	..	..	670
Council house applications	..	..	..	..	..	..	..	..	111
Council house transfer applications	..	..	..	..	..	..	..	..	601
Food complaints	..	..	..	..	..	..	..	..	156

NOTICES AND NOTIFICATIONS

Intimation notices issued	..	..	..	..	..	..	..	..	398
Abatement notices served	..	..	..	..	..	..	..	..	199
Without further delay letters	..	..	..	..	..	..	..	..	2
Seven day letters	..	..	..	..	..	..	..	..	62
Forthwith letters	..	..	..	..	..	..	..	..	1
Factory Act notices (Informal)	..	..	..	..	..	..	..	..	6
Food hygiene regulations notices	..	..	..	..	..	..	..	..	15
Public Health Act Sec. 17	..	..	..	..	..	..	..	..	31
Public Health Act Sec. 26	..	..	..	..	..	..	..	..	1
Offices, Shops and Railway Premises Act	..	..	..	..	..	..	..	..	933
First and second letters and 7 day notices	..	..	..	..	..	..	..	..	247
Occupation certificates	..	..	..	..	..	..	..	..	247

LOCAL LAND CHANGES

Searches against properties,

INSPECTION AND SUPERVISION OF FOOD

During the year, 1,374 samples were purchased or taken. 74 were found to be adulterated, incorrectly labelled, or otherwise unsatisfactory, or 5·4% compared with 9·12% in 1966. Of these, 8 were formal samples and 66 informal or test samples.

One successful prosecution was taken. The remaining adulterated, incorrectly labelled or otherwise unsatisfactory samples were dealt with by caution.

Milk (Special Designation) Regulations, 1963, as Amended

2 Dealer's (Untreated Milk) Licences.

7 Dealer's (Prepacked Milk) Licences authorising the Special Designation PASTEURISED.

11 Dealer's (Prepacked Milk) Licences authorising the Special Designation ULTRA HEAT TREATED, were issued.

Testing

<i>Designation</i>	<i>Number Taken</i>	<i>Failures</i>	
		<i>Methylene Blue Test</i>	<i>Phosphatase Test</i>
Pasteurised Milk	190	3	2
Pasteurised Milk ($\frac{1}{3}$ Pint, School)	61	6	1
Channel Island (Pasteurised) Milk	142	3	3
Sterilised Milk	50	0	0
Untreated Milk	49	2	0
Ultra Heat Treated Milk	2	0	0

Milk

809 samples were taken during the year. 16 samples were subsequently criticised. 151 samples were below the presumption limits of the Sale of Milk Regulations, but were reported genuine, however, following the Freezing Point Depression test. Of this total number of milks, 315 represented milk supplied by producers to processors in the City.

A consignment of bulk milk was found to contain 0·2% of added water. Further sampling found the supply to be satisfactory.

Two bottles of Pasteurised milk contained 0·5% and 0·3% of added water. An investigation revealed the presence of the water to be the result of adulteration of the bulk supply, with watered milk from a Dorset farmer. A sample from the dairy farm confirmed this. The matter was referred to the appropriate authority.

Three samples of Untreated milk were found to be deficient in fat. Inadequate mixing was found to be the causative factor.

Two samples of Channel Island milk were deficient of fat, for the Sale of Milk Regulations. Follow up samples were satisfactory.

Seven samples of Ex-farm milk contained added water varying between 0·3% and 3·2%. Proceedings were instituted, the farmer being fined £5 on each of two charges and £5 5s. 0d. costs.

Antibiotics in Milk

254 samples were submitted. 3 contained a trace of penicillin.

Ice Cream: Food and Drugs Act, 1955. Section 16

15 premises were registered for the sale of ice cream.

50 samples comprising 48 ordinary and 2 dairy ice creams were taken and examined for hygienic quality, with the following results:—

38 samples were Grade 1

7 samples were Grade 2

4 samples were Grade 3

1 sample was Grade 4

7 samples of ordinary ice cream examined for compositional quality were found to be satisfactory.

Drugs

98 samples were taken. Of this number, 8 were criticised as not being in accordance with the requisite legislation. 36 samples represented drugs normally dispensed on prescription.

School Meals Service

During the year, 50 samples were submitted for analysis.

Merchandise Marks Act 1926, and Orders in Council made Thereunder

128 visits were made to business premises to see that the provisions of these orders were being complied with.

Port Health

Test samples from 17 consignments of foodstuffs unloaded at the Port were submitted for analysis. No adverse reports were made.

Water

447 samples of water were taken. This number represents:—

24 City Supply Waters

168 Swimming Pool Waters

18 Paddling Pool Waters

237 Sea Waters

Washed Milk Bottles

288 samples were taken from the two processing dairies in the City.

REPORT ON CLEANSING

The weekly service of collection of household refuse was maintained in 1967. During the year the Incentive Bonus Scheme was implemented round by round until at the end of the year only the Eastney Area remained untouched. This resulted in a reduced number of employees but increased their earnings and effected the completion of the collection by 4 p.m. daily.

In view of the age of the refuse collection vehicles, it was decided to replace them as quickly as possible and the first four new larger capacity machines were delivered at the end of the year. These vehicles which are of the continuous ramming type will facilitate the work of the collectors and will also minimise the amount of spillage which is a regrettable feature of the present fleet.

Controlled tipping continued at Milton Lake and a new bulldozer on tracks was purchased to replace the wheeled type. This new machine with its increased weight eased the work of the operators on the tip and produced a better all round appearance. A further machine will be delivered in 1968. Permission was also received to tip at the northern reaches of Portsmouth Harbour when the present site is exhausted.

A staff of 70 manual sweepers and 6 mechanical sweepers carried out the cleansing of the city streets. A vehicle and two men were employed full time on the clearing up of the many open sites of rubbish dumped by members of the public. This unauthorised dumping and the abandonment of scrap vehicles is a national problem which the new Civic Amenities Act may improve. Approximately 1,500 vehicles were dealt with in the year, a figure which includes many brought to the tip for disposal.

The regular cleansing of gullies and cesspools was carried out by two machines and four men.

PORT HEALTH AUTHORITY

To the Chairman and Members of the Port Health Authority.

Ladies and Gentlemen,

I have the honour to present my Report on the work of the Port Health Authority of Portsmouth during the year 1967.

Section I—Staff

TABLE A

<i>Name of Officer</i>	<i>Nature of Appointment</i>	<i>Date of Appointment</i>	<i>Qualifications</i>	<i>Any other Appointments held</i>
P. G. ROADS	Port Medical Officer of Health	1.9.59	M.D., D.P.H.	Medical Officer of Health and Principal School Medical Officer, City of Portsmouth.
W. F. APPLETON	Chief Port Health Inspector	1.1.52 until 28.2.67	F.R.S.H., F.A.P.H.I.	Chief Public Health Inspector, City of Portsmouth.
W. MEREDITH	Chief Port Health Inspector	1.5.67	M.R.S.H., M.A.P.H.I.	Chief Public Health Inspector, City of Portsmouth.

Address and Telephone Number of Medical Officer of Health:

Official: 1 Western Parade, Southsea. Portsmouth 22251. Ext. 181.

Private: 8 Burbidge Grove, Southsea. Portsmouth 33325.

Section II—Amount of Shipping Entering the District during the Year

TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number Inspected</i>		<i>Number of ships reported as having or having had during voyage, infectious disease on board</i>
			<i>By M.O.H.</i>	<i>By P.H.I.</i>	
Foreign Ports ..	738	200,393	—	59	—
*Coastwise ..	4,184	892,142	—	86	—
TOTAL ..	4,922	1,092,535	—	145	—

*Includes traffic between Southampton, Isle of Wight and Portsmouth

Section III—Character of Shipping and Trade during the Year

TABLE C

There was no passenger traffic during the year.

Cargo Traffic: The principal imports were coal, cement, stone, oil, timber, hardboard, glassware, plastics, building materials, tomatoes, onions, potatoes, cauliflower, citrus fruits, melons, apples, pears, peaches, nuts, chocolate, artificial fertilizers and general cargo traffic from France, Italy, Holland, Belgium, Germany, Sweden, Finland, Norway, North Africa, Spain and the Channel Islands.

The principal exports were pitch, machinery, scrap iron, fertilizers, oxide, barley and general cargo.

Section IV—Inland Barge Traffic

There is no inland barge traffic.

Section V—Water Supply

No change.

Section VI—Public Health (Ships) Regulations, 1952—1963

No change.

Section VII—Smallpox

1. Cases of smallpox are removed to the smallpox hospital at Weyhill, near Andover.
2. Cases are conveyed by the Portsmouth Ambulance Service.
3. The smallpox consultant is Dr. O'Driscoll, Physician Superintendent, St. Mary's General Hospital (East Wing). Telephone Portsmouth 22331.
4. Facilities for laboratory diagnosis exist, by arrangement with the Portsmouth and Isle of Wight Area Pathological Service at the Central Laboratory, St. Mary's General Hospital, East Wing, Portsmouth.

Section VIII—Venereal Disease

No change.

Section IX—Cases of Notifiable and Other Infectious Diseases on Ships

There were no cases of notifiable and other infectious diseases on ships.

Section X—Observations on the Occurrence of Malaria on Ships

No malaria occurred in ships during the year.

Section XI—Measures taken against Ships infected with or suspected for Plague

No plague or suspected plague occurred in ships during the year.

Section XII—Measures against Rodents in Ships from Foreign Parts

1. Vessels arriving from abroad are examined periodically by the Port Health Inspector. Rat disinfestation is carried out by the Rodent Control Section of the Health Department in the port area.
2. Bacteriological or pathological examination of rodents can be carried out at the Central Laboratory, St. Mary's General Hospital (East Wing), Portsmouth. None were examined during the year.
3. The Port is not approved for the deratting of ships and, by agreement with Southampton Port Health Authority, this is undertaken by them. Fourteen deratting exemption certificates were issued during the year.
4. When necessary, rat guards are placed on ropes between ships and quays.

TABLE D

Rcdents destroyed during the year in ships from foreign ports:—

<i>Category</i>	<i>Number</i>
Black rats	—
Brown rats	—
Species not known	—
Sent for inspection	—
Infected with plague	—

TABLE E

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.

(Not applicable)

Section XIII—Inspection of Ships for Nuisances

TABLE F

Inspection and Notices

<i>Nature and Number of Inspections</i>	<i>Notices Served</i>		<i>Result of serving Notices</i>
	<i>Statutory Notices</i>	<i>Other Notices</i>	
Primary 140	—	5	5 complied
Others 5	—	—	—
TOTAL 145	—	5	5 complied

Section XIV—Public Health (Shellfish) Regulations 1934 and 1948

No change.

Section XV—Medical Inspection of Aliens (Applicable to Ports Approved for the Landing of Aliens)

(Not applicable)

Section XVI—Miscellaneous

No change.

I desire to express my thanks to the Queen's Harbour Master and H.M. Collector of Customs and their staff for their cordial co-operation and valuable assistance during the year, and to record my appreciation of the excellent service rendered by the Chief Port Health Inspector.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

P. G. ROADS,
*Medical Officer of Health,
 City and Port of Portsmouth.*

REPORT OF THE PUBLIC ANALYST

The City Analyst's Department,
Trafalgar Place,
Clive Road,
Portsmouth.

To the Chairman and Members of the Health Committee.

I have the honour of submitting my second Annual Report, dealing with the work of the Department during the year ending 31st December, 1967. In spite of being below establishment throughout the entire year, I believe the Department has given a satisfactory and expanding service. As well as carrying out the statutory duties under the Food and Drugs Act 1955 and the Fertilisers and Feeding Stuffs Act 1926, the Department has carried out analyses and given advice to the Education Department, the City Engineer's Department, the Health Department, the City Architect's Department, St. Mary's Hospital and Parkhurst Prison. The examination of samples under the Local Authority Pesticide Residue Survey has continued—the late arrival of the Gas Chromatograph meant a concerted effort to finish the first year's samples on time. The second year, however, is progressing satisfactorily. A sensitive fluorimeter has been acquired, enabling the checking of vitamin claims to be done more accurately and speedily. An infra-red spectrophotometer has now been ordered which will enable the Department to apply for the analysis of medicines under the Medicines Act, when it is law. In this way, even if the Local Authority ceases to be the enforcing authority for medicines on sale in pharmacies, then at least the City Council will be able to play some part in safeguarding the citizens of Portsmouth.

During 1967 the Department completed an extensive survey of the bacteriological state of the sea water on the shores of Portsmouth, resulting in a report to the City Council, made jointly with the Medical Officer of Health. Portsmouth City Council, as the Port Health Authority, has a responsibility under the Food and Drugs Act 1955 for the examination of imported foods. During the year, therefore, samples were taken from the foodstuffs imported at the docks and examined for prohibited additives and undesirable pesticide residues.

There have been a number of academic successes during 1967. Mr. A. J. Harrison, the Deputy City Analyst, has been elected to the Fellowship of the Royal Institute of Chemistry, a senior grade of membership, not easily acquired. Mr. E. E. J. King returned from his one year full-time course of study, having obtained the Graduateship of the Royal Institute of Chemistry, and the Department is now undoubtedly reaping the benefits of his secondment. Mr. A. R. Perry has been elected to the Associateship of the Institute. Thus the training scheme initiated by my predecessor has produced three graduate chemists, two of which are still with the Department. Nationally there is a lack of fully qualified chemists entering the Public Analyst's Service. Only those so qualified can proceed to the post-graduate Diploma in Food, Drugs and Water, necessary for appointment as Public Analyst or Deputy. It is apparent, therefore, that unless sufficient qualified chemists are recruited and encouraged to study for the necessary Diploma, the whole Public Analyst's Service will very soon be in danger, and that no short-term solution will be available.

My thanks are due to the Chairman and the Health Committee for their encouragement and wise direction, and to the other Chief Officers for their advice. I wish to thank the Deputy City Analyst, Mr. Harrison, for his enthusiasm and loyal assistance throughout the year and I am also grateful for the continued service of the laboratory and office staff, the latter having been strengthened during the year in order to deal with an increasing amount of clerical work and typing. With an expanding service it has now become necessary to bring the laboratory staff up to full complement as soon as possible.

Other problems include an increasing need for extra space, in order that expensive instruments may be properly housed.

Talks have been given by the City Analyst or his Deputy to various organisations, including Townswomen's Guilds, The Inner Wheel and The Royal College of Midwives (Portsmouth Branch). Educational lectures have also been given to students taking the Diploma in Domestic subjects at Highbury Technical College and to the girls at Hilsea Secondary Modern School. Visitors to the laboratory included students and staff from the College of Education, second year students from Highbury Technical College taking the Public Health Inspector's Diploma Course and members of the local branch of the Public Health Inspectors Association. It should also be noted that two members of the staff contributed a valuable paper on Toxicology to a scientific journal. During the year I have been elected to the Council, and Mr. Harrison to the Standards Committee, of the Association of Public Analysts.

Of the 1,374 samples purchased in the City of Portsmouth for analysis under the Food and Drugs Act 1955, 74 (equal to 5·4 per cent) were found to be adulterated, incorrectly labelled or otherwise unsatisfactory. The number of complaint samples submitted by members of the public continues to increase and 73 samples were submitted in 1967 compared with 49 in 1964. A considerable portion of one analyst's time is now being spent on this important public service. A summary of the total number of samples examined during 1967 is set out at the beginning of the Report.

I am, Mr. Chairman and Members,

Your obedient servant,

G. B. THACKRAY,
Public Analyst.

SUMMARY OF SAMPLES EXAMINED DURING 1967

Samples examined for the City of Portsmouth

Food and Drugs Act	..	..	..	..	..	1,374
Designated Milk	..	..	..	..	..	454
Ice Cream and Cream (hygienic quality)	..	..				59
City Water	..	..	..	..	..	24
Swimming Bath Water	..	..	..	..	..	186
Sea Water	..	..	..	..	..	237
Port Health	..	..	..	..	..	17
Fertilisers and Feeding Stuffs Act	..	..	..			4
Corporation Departments	..	..	..	..		467

Other samples

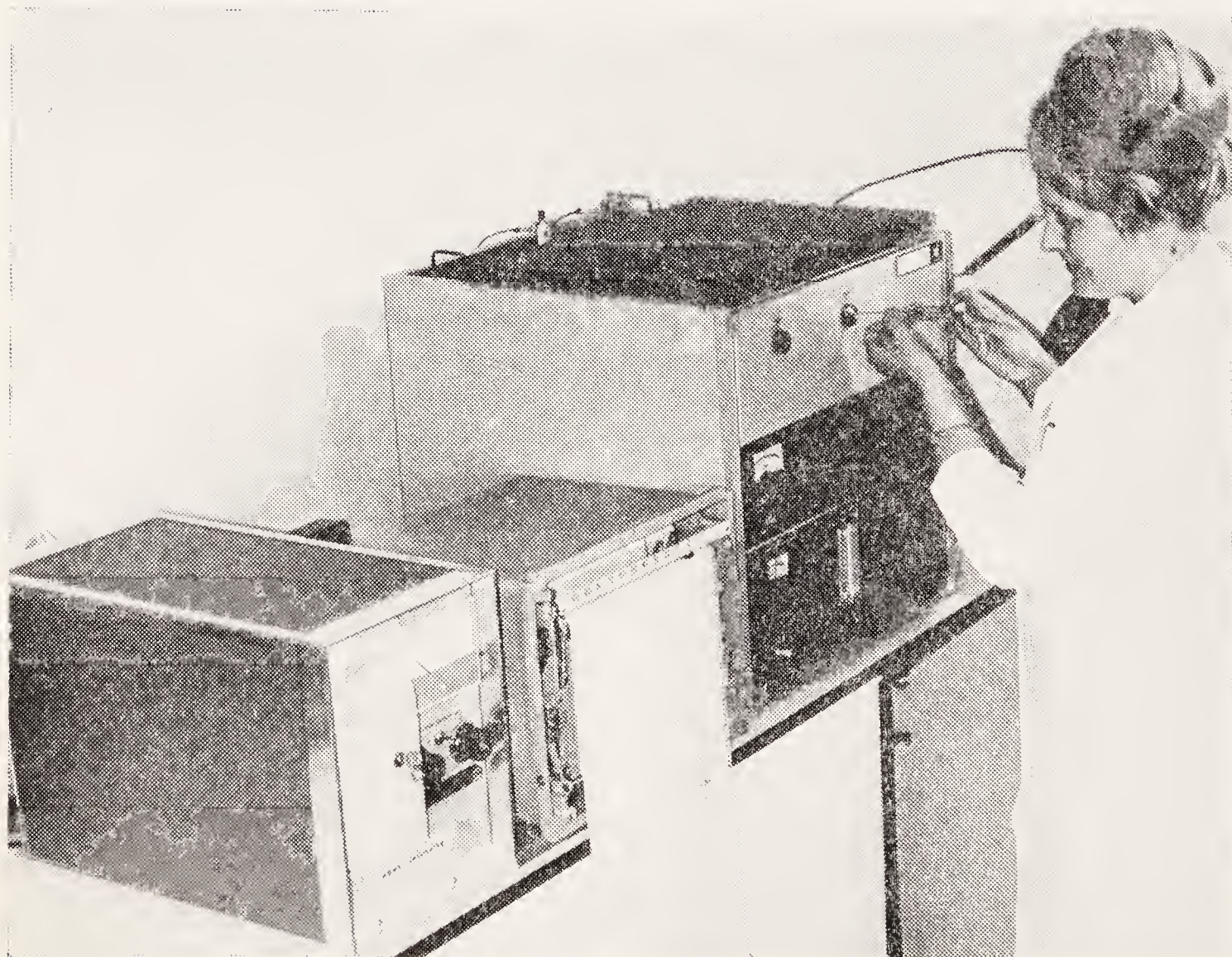
Borough of Gosport	..	..	..	..	..	141
Isle of Wight County Council	..	..	..	..	..	122
Fareham Urban District Council	..	..	..			153
Havant and Waterloo Urban District Council	..					271
Other Local Authorities	..	..	..	..		57
Miscellaneous	..	..	..	..	..	432
Total						<hr/> 3,998 <hr/>

Atmospheric Pollution Tests:—

Daily Sulphur Dioxide	..	..	..	..	..	1,242
Daily Smoke	..	..	..	..	..	1,237
Rain Gauges	..	..	..	..	..	12



Section of Main Laboratory



Gas Chromatograph in use for the Detection of Pesticide Residues in Food

Changes in Legislation

Regulations under the Food and Drugs Act 1955, previously reported, coming into effect in 1967

The Butter Regulations 1966

The Cheese Regulations 1965

The Cheese (amendment) Regulations 1966

The Colouring Matter in Food Regulations 1966

New Acts of Parliament affecting the City Analyst's Department

Road Safety Act 1967

This new Act specifies the maximum legal blood alcohol level, at 80 mg per 100 ml, above which a driver may be summarily convicted. In order to implement this Act the police introduced the use of very small (capillary) blood samples linked with a gas chromatographic method of analysis. The City Analyst's Department has previously provided a service to the public for the analysis of blood and urine samples taken on behalf of the accused on a fee paying basis. In order to continue this service in respect of the capillary blood samples additional Gas Chromatography facilities will be required.

Farm and Garden
Chemicals Act 1967

This Act permits the Secretary of State and the Minister of Agriculture, Fisheries and Food jointly to make Regulations, from September 1968, regarding the descriptions and warnings which will have to be displayed on the labels of pesticide products, etc. The Act may well increase the demands made on the City Analyst's Department, since the Certificate of Analysis will have to be signed by a person having the requisite qualification for appointment as Public Analyst.

Proposed Acts of Parliament

White Paper 'Forthcoming Legislation on the Safety, Quality and Description of Drugs and Medicines. 1967'

Intended to replace

relevant sections of the Food and Drugs Act 1955 and other drug and medicine legislation.

The Government has set out its intention to exercise a greater control of the manufacture, distribution and sale of medicines. Whilst this Act contains many necessary provisions, including thorough biological and clinical testing of drugs, inspection during manufacture and inspection of retail and wholesale premises, it has caused concern in one respect. Medicines are to be divided into two classes; the more potent class will only be allowed to be sold at Pharmacies. Sampling, analysis and enforcement of the quality requirements and labelling provisions at Pharmacies is likely to be carried out by the Pharmaceutical

Society, (of which all Pharmacists are members) if the Bill is allowed to go through in its proposed form. The Association of Public Analysts whilst accepting that the Pharmaceutical Society is a reputable professional body do not accept that these provisions constitute a democratic method of enforcement.

New Regulations made under the Food and Drugs Act 1955

The Artificial Sweeteners in Food Regulations 1967

replacing

The Food Standards (Saccharin Tablets) Order 1953 and the Artificial Sweeteners in Food Order 1953.

The use of limited quantities of cyclamates, as well as saccharin in Artificial Sweeteners and Sweetening Tablets is permitted from August 1967. The Regulations also lay down labelling requirements for these products.

The Margarine Regulations 1967

replacing in part

The Butter and Margarine Regulations 1955

and

The Food Standards (Margarine) Order 1954

The water, fat and vitamin contents are specified, as well as the necessary labelling requirements. The most significant change is that the out-dated method for the analysis for Vitamin A, which was prescribed in the 1954 Order, has now been omitted. The Regulations are operative from January 1971.

The Food (Control of Irradiation) Regulations 1967

This new legislation prohibits the application of ionising radiations to food intended for human consumption. There is exemption for low level radiations (as used in metal detection equipment) and the Minister has made it clear that further specific exemptions will be granted to any irradiation process, which is shown to be safe to use with any particular food. The examination of foods which may have been irradiated will be a difficult problem involving some research into analytical methods.

The Coffee and Coffee Product Regulations 1967

The most significant difference between these Regulations and those superseded is that a maximum caffeine content is prescribed for decaffeinated coffee. Additional labelling requirements are set out for Coffee and Coffee Products. The Regulations come into effect in January 1971.

The Labelling of Food Regulations 1967

replacing in part

The Labelling of Food Order 1953

These Regulations are issued as the first instalment of comprehensive legislation dealing with labelling and descriptions, the second instalment is, at present, in the form of proposals. These Regulations lay down the general principles for the labelling of prepacked foods, amend the list of foods

which are required to give a list of ingredients and specify the requirements for the advertising of foods sold by vending machines. The Regulations also require tenderised meat to be adequately labelled and impose restrictions on the use of the word 'milk'. Additionally provision is made for the accurate description of intoxicating drinks, processed peas, and concentrated acetic acid. The Regulations come into force in 1971.

The Canned Meat Product Regulations 1967

Coming into force in May 1969 these Regulations specify requirements for canned meat products of various descriptions. These descriptions are by now well understood by the public and the maintenance of an appropriate meat content in each case is most desirable. There is one difficulty with this legislation—it would appear that an article marked 'ready meal' can contain any small meat content down to zero. The Minister has agreed to make an amendment, should the quality of these products fall rapidly.

The Meat Pie and Sausage Roll Regulations 1967

Coming into operation in May 1968, these Regulations lay down standards of meat content for meat pies, sausage rolls and pasties, etc. The standards laid down are reasonable; but vary with the size of the pie. Formal samples taken under the Food and Drugs Act 1955 have to be divided by the sampling officer into three equal portions; impossible in the case of a meat pie, which rarely has an equal distribution of pastry, meat and jelly. Also under these circumstances the Public Analyst, who receives only one portion, cannot certify the weight of the original pie. The sampling officer has been recommended to purchase 9 whole pies and divide into 3 lots of 3. Whether such a procedure would be acceptable to the Court as complying with the requirements of the Food and Drugs Act 1955 is not yet known.

The Sausage and other Meat Product Regulations 1967

These Regulations, which become operative from May 1969 give the force of law to the Public Analyst's presumptive standards of 65 per cent. of meat in pork sausages, and 50 per cent. of meat in other sausages. Meat contents are also prescribed for speciality sausages, meat with jelly, brawn and pressed meats,

The Solvents in Food
Regulations 1967

From November 1969 the use of all solvents in food, except eight included in a permitted list, is prohibited. The Regulations also include specifications for the permitted solvents and set out labelling requirements for solvents intended to be used in foods.

The Ice Cream Regulations
1967

replacing
The Ice Cream Regulations
1959 and some provisions of
the Labelling of Food Order
1953

These Regulations which come into force in January 1971, include in one statutory instrument the labelling and compositional requirements for ice cream, ice cream powder, dairy ice cream and milk ice. Ice cream, when sold as part of an article of food, is also brought within the scope of the above requirements.

Regulations affecting the Department, made under the Consumer Protection Act

The Toys (safety)
Regulations 1967

The Consumer Protection Act is 'permissive' and not obligatory on local authorities. However, if samples are taken under this Act, it is necessary to submit the toys for analysis for the determination of lead or other toxic metals. The Regulations impose two requirements on toys offered for sale. As from November 1967 there is a limit prescribed for lead in paint, and as from November 1968 there is a lower limit for lead and limits for arsenic, antimony, soluble barium, soluble cadmium and soluble chromium. There is also a prohibition on the use of celluloid in toys.

Proposals for Regulations under the Food and Drugs Act 1955

Claims and Misleading
Descriptions on Labels and
Advertisements
to replace in part
The Labelling of Food
Order 1953

In November the Ministry of Agriculture, Fisheries and Food circulated proposals for regulations dealing with Claims and Misleading Descriptions. These proposals would be an important step forward for the protection of the public, but unless certain amendments are accepted, the opportunity to deal with some long-standing problems will be missed. The proposed limit of 13 per. cent protein, below which there should be no claim or statement that a food is a source of protein, is much too low. The proposed Regulations do contain valuable restrictions on vitamin and mineral claims, butter claims, labelling of shandy and other related products, the use of the phrase 'home-made' and, in particular, tonic, restoratives and medicinal claims,

Skimmed Milk with non-milk fat Regulations (amendment)

In October proposals were circulated to allow the addition of a number of new scheduled products containing non-milk fat, to those allowed to be sold without displaying the words 'unfit for babies' on the label.

Report of the Food Standards Committee

Cream

This Committee recommend the issue of Regulations controlling the heat-treatment of cream as soon as possible. Also minimum fat contents for various grades of cream are proposed. The standard proposed for clotted cream has not received universal approval. The West Country manufacturers of clotted cream usually achieve 65 per cent. of fat and there seems no valid reason for setting the standard lower than 60 per cent. There is also a conspicuous lack of any proposals for controlling the very variable products sold as 'Top of the Milk'.

Report of the Food Additives and Contaminants Committee

Aldrin and Dieldrin (pesticides) in Food

This Report suggests that immediate steps should be taken to increase the information available on residues of aldrin and dieldrin in food, and that a ban should be placed on the use of these pesticides. Exceptions should be made, the Committee feel, only in closely-controlled circumstances and that a limit should be laid down for aldrin and dieldrin in foods, with higher limits for mutton fat and much lower limits for liquid milk and baby foods.

This brief summary of new legislation reflects the changing pattern of the Public Analyst's Service. The uses of analytical chemistry in the protection of the public now includes not only food, medicine, fertilisers and feeding stuffs but also children's toys and will include farm and garden chemicals. Of course, much can be done without legislation, and many other aspects of public protection can be, and are being, covered in an advisory capacity.

However, sensible legal standards do make this valuable service more efficient. There is no legislation in the field of cosmetics, where the injudicious use of materials for application to the skin, hair and teeth could be a serious hazard, and attempts at protection of the public from the careless and unscrupulous are spasmodic and not very effective,

Milk

622 samples of ordinary milk and 187 Channel Island Milk were examined during the year and all were free from added colour and preservative.

The samples were derived from the following sources:—

433 in pint bottles and cartons obtained from retailers selling to the public
315 ex-farm milks being delivered to dairies and

61 in one-third pint bottles delivered to various schools.

Ordinary Milk

Of the 291 samples of milk contained in pint bottles and cartons, 74 were of poor quality, i.e. free from added water but deficient in solids-not-fat. There was no evidence of the abstraction of cream or the addition of water in these cases. Three samples of untreated milk were 3·3 per cent. deficient of the minimum standard of fat and investigation revealed that there had been inadequate mixing of the morning and evening milkings by the producer. A pasteurised milk was found to contain 0·5 per cent. added water and a third-pint school pasteurised milk to contain 0·3 per cent. added water. A investigation at the dairy revealed that the adulteration had originated from the bulk supply, transported by tanker, from a Dorset farm. A further sample taken from the bulk milk tanker was found to contain 0·2 per cent. added water and the matter was referred to the Dorchester Weights and Measures Inspector for further investigation.

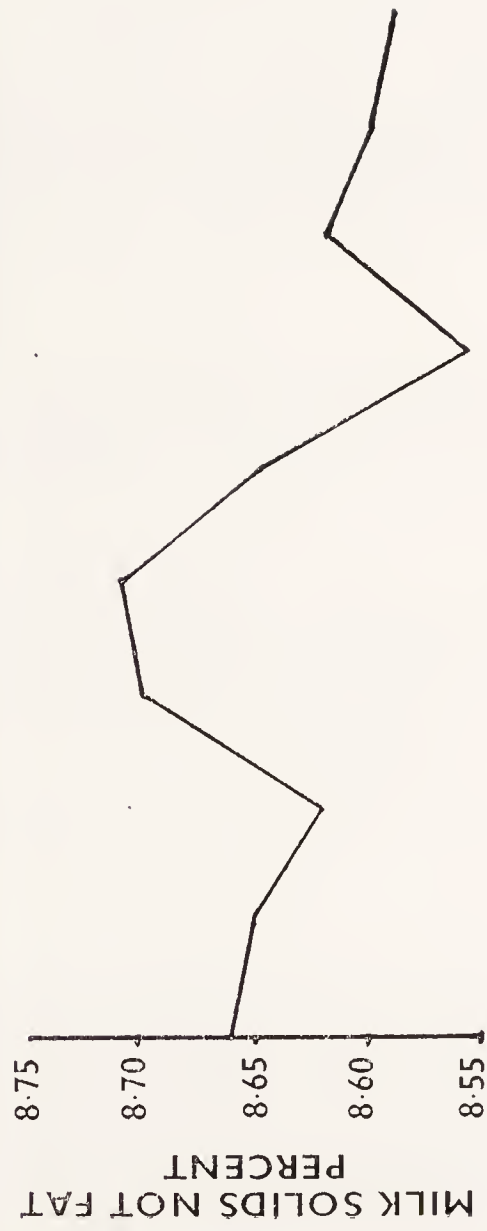
270 samples of ex-farm milk were taken from churns and tankers immediately upon arrival at the local dairies. Of these, 59 were found to be of poor quality being deficient in solids-not-fat. Three samples from one farm were deficient of the minimum standard of fat and 4 samples from the same farm contained amounts from 0·3 per cent. to 3·3 per cent. of added water. The farmer pleaded guilty and was fined £5 on two charges and £5 5s. 0d. costs. A sample from one farm contained 0·2 per cent. added water but further samples were found to be satisfactory.

Of the 61 samples of school milk (one-third pint bottles), 18 were found to be of poor quality being deficient in solids-not-fat and one sample, previously mentioned, contained 0·3 per cent. added water.

A national tendency to lower milk quality, particularly with reference to solids-not-fat, was apparent in the years 1955 to 1965. This fall of quality was believed to be associated with the use of milk cows selected for high yields, for example Friesian herds.

This lowering of milk quality resulted ultimately in the introduction by the Ministry of a 'bonus' scheme for higher quality milk. Since the introduction of the scheme the quality of milk has improved in many areas. No such improvement is yet noticeable in milk on sale in Portsmouth as may be seen from the accompanying graphs (diagrams 1 and 2).

ON SALE TO PUBLIC



PERCENTAGE OF GENUINE MILKS DEFICIENT IN SOLIDS NOT FAT ON SALE TO PUBLIC

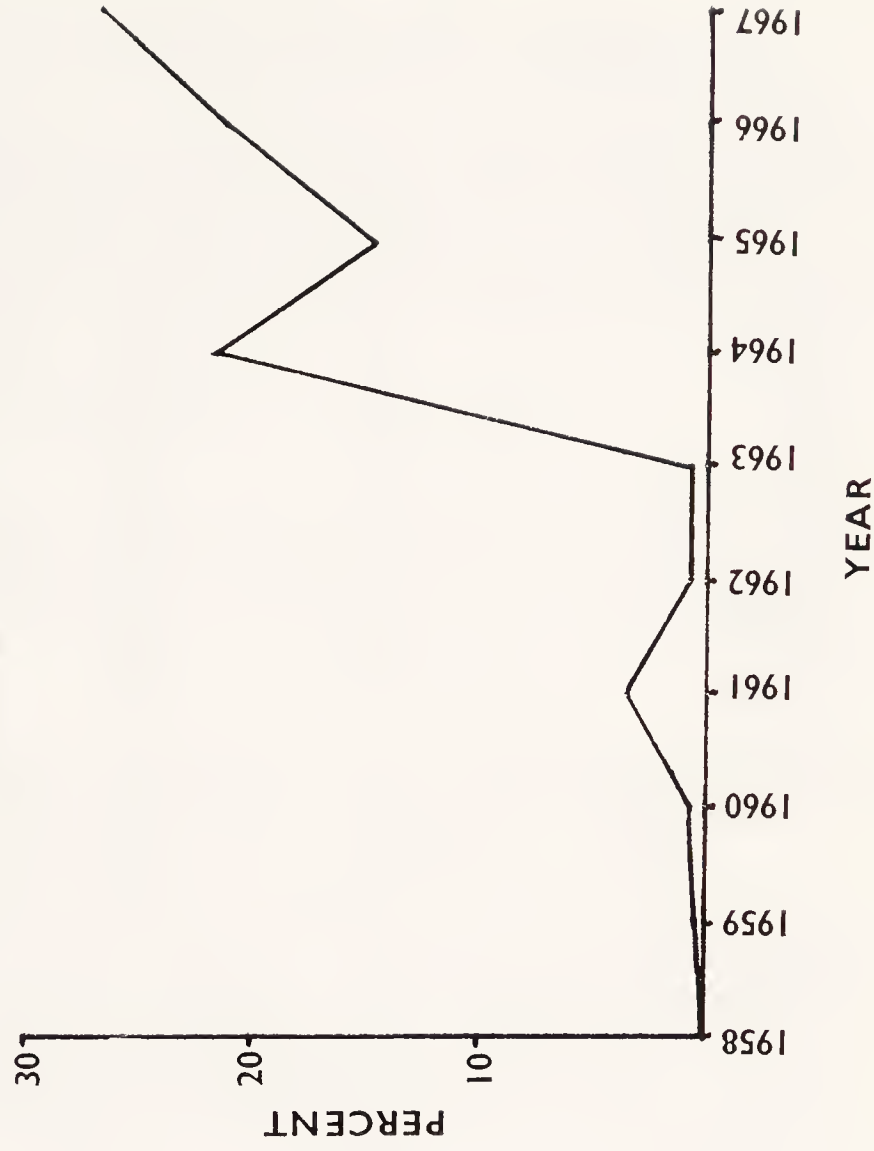


DIAGRAM 1

DIAGRAM 2

The natural seasonal variations in quality follow the same pattern as before as shown in the table below.

Month			Fat per cent.	Solids-not-Fat per cent.	Total Solids per cent.	No of Samples Examined
January	..	..	3.76	8.43	12.19	37
February	..	..	3.68	8.35	12.03	33
March	..	..	3.64	8.40	12.04	37
April	..	..	3.46	8.60	12.06	28
May	..	..	3.43	8.82	12.25	38
June	..	..	3.45	8.70	12.15	30
July	..	..	3.51	8.64	12.15	14
August	..	..	3.93	8.68	12.61	31
September	..	..	3.72	8.76	12.48	23
October	..	..	3.87	8.65	12.52	27
November	..	..	3.88	8.58	12.46	29
December	..	..	3.79	8.60	12.39	25
Average	1967	..	3.68	8.59	12.27	352
„	1966	..	3.71	8.60	12.31	340
„	1965	..	3.68	8.62	12.30	311
„	1964	..	3.71	8.56	12.27	349

Channel Island Milk

142 pint bottles of Channel Island Milk were examined from retailers selling to the public. All these samples were satisfactory in that they contained at least 4.0 per cent. of milk fat as required by law.

The quality of Channel Island Milk sold to the public has been maintained. The average per cent. fat compared with that of ordinary milk distributed by the dairies is shown below.

				Channel Island Milk	Ordinary Milk
1966	..	..	..	4.55	3.71
1967	..	..	..	4.48	3.68

In addition, 45 samples of ex-farm Channel Island Milk delivered to dairies were examined. Of these, 2 samples were deficient of the minimum standard of fat. However, further repeat samples were found to be satisfactory.

Hygienic Quality of Milk

400 samples of milk were examined by the phosphatase test to check the efficiency of pasteurisation and 6 samples from one dairy failed. The dairy could give no explanation for the failures; subsequent samples were found to be satisfactory.

Of the 448 samples of milk examined for keeping quality by the methylene blue test 14 failed. One dairy was responsible for 10 of the failures and was cautioned. The bottling plant was stripped and cleaned in addition to the normal 'in line' cleaning. Three other dairies were responsible for the remaining four failures but further samples were satisfactory.

50 samples of sterilised milk supplied by local dairies were examined and found to be adequately sterilised.

Antibiotics in Milk

During the year, 254 samples of ex-farm milk have been examined for penicillin and other antibiotic residues. Although the number of milks examined was lower than the previous year, there were 3 samples in which penicillin was detected containing 0.03, 0.08 and 0.10 i.u. per millilitre. Antibiotic residues other than penicillin were not detected.

Cream

Hygienic Quality

9 samples of cream were subjected to the methylene blue test for keeping quality. 2 samples failed, one of which had a count of 9 million organisms per millilitre. Regulations regarding the heat-treatment of cream have been introduced in Northern Ireland; in England only advisory action can be taken on samples of poor hygienic quality.

Ice Cream

Nutritive Quality

7 samples of ice cream were examined for compliance with the Food Standards Ice Cream Order and all were found to be satisfactory, i.e. containing fat above the legal minimum of 5 per cent.

Hygienic Quality

50 samples of ice cream were examined by the methylene blue test. One sample was found to be unsatisfactory from a hygienic (bacteriological) viewpoint but a further sample was found to be satisfactory.

Ice cream may be graded according to efficiency of its heat treatment and subsequent handling. The following table indicates the percentage of ice cream samples falling into the respective grades during the last three years. It will be noted that there is a considerable improvement in the hygienic quality of samples taken during this year.

		1967	1966	1965
Satisfactory	Grade 1	76 %	51 %	47 %
Satisfactory	Grade 2	14 %	15 %	12 %
Inferior	Grade 3	8 %	13 %	22 %
Unsatisfactory	Grade 4	2 %	21 %	19 %
		90 %	66 %	59 %

It must be stressed that the above table does **not** imply that 10 per cent. of ice cream sold in the City is of inferior bacteriological quality since manufacturers found to be producing inferior or unsatisfactory quality ice cream are revisited and further samples taken.

Foods other than Milk

COMPOSITIONAL OFFENCES

Three samples of sausages contained undeclared sulphur dioxide preservative. The three manufacturers/retailers were cautioned and advised to comply with the law in future.

A spa water was found to contain a high bacterial count. The importer took the matter up with his French supplier. A further sample was found to be satisfactory.

An excess of sand and grit was found in a sample of crushed chillies. The chillies were a product of Nigeria and the manufacturer, a Canadian firm, had been selling crushed chillies from this source for decades without cleaning. The manufacturer undertook to apply a cleaning process to the chillies to reduce the sand to negligible proportions on future supplies. In the meantime existing stocks in Portsmouth were removed from sale.

An orange crush and a raspberry pie filling contained non-permitted colours. In both cases the manufacturers had discontinued the use of the offending colours and an investigation revealed that the samples were old stock held by retailers. Similarly three samples of piping jelly soft icing contained non-permitted colours. This product was imported for a test market from Norway where colour legislation is different from that enforced in this country. The agent withdrew the offending product from retail sale and gave an assurance that all future imports would comply with the law in this country.

A canned cream rice milk pudding contained an excessive quantity (9.2 per cent.) of added water. The manufacturer admitted using, inadvertently, milk low in solids-not-fat for this batch of the product.

Prepacked ground almonds contained a maggot probably a pink corn worm larvae. The infestation resulted in the puncture of the inner cellophane wrapper. The importer checked all stock held by retailers and agreed to take precautions to prevent a recurrence.

The Cheese Regulations 1965 as amended became operative on the 1st February, 1967, and required all cheese products to bear a label giving the appropriate description and a true description of any other food incorporated. 7 samples were found to contravene these Regulations and the manufacturers and importers were made aware of their obligations.

A survey of cafes and restaurants serving the holiday maker was carried out on products spread with butter, i.e. buttered rolls, buns, etc. 21 samples were taken from cafes at Southsea; 20 were spread with butter and there was one offence, which was followed up by a formal sample. The vendor stated that the rolls were prepared for filling rather than sale as buttered rolls and that steps would be taken to prevent a recurrence. A caution was issued.

Similarly, a survey was made on soft drinks. 20 requests for orange squash resulted in 15 satisfactory samples, 3 samples diluted with too much water, one 'orange drink' and one 'orangeade'. Orange drinks have a lower fruit content than orange squashes and orangeade need have no fruit at all. Such drinks should not be sold as orange squash. The vendors of these five samples were cautioned.

LABELLING OFFENCES

34 samples of pre-packed foods were criticised for failing to comply with the requirements of the Labelling of Food Order 1953. They fall into the following categories:—

Label failed to identify the packer.	Canned crab, strawberry jam.
No label.	Canned carrots, bottled cockles.
No common or usual name given on the label.	'Instant Please' (a solid cream substitute in a container shaped like a cream jug.)
List of ingredients in wrong order, not declared or incomplete.	Red cabbage, pickled onions, yoghurt, fruit salad in syrup, marzipan, piping jelly soft icing.
Incorrect designation of the product.	Apricot nectar fruit juice, passion fruit nectar fruit juice, finely powdered soya milk, soft cheese, cheese spread, spread, processed cheese.
Incorrect and non-specific descriptions used for ingredients.	Sugar confectionery.
Statutory declaration not in the prescribed form.	Spa water.
Misleading claims.	Beefburgers, orange squash.

FOOD COMPLAINTS

73 food complaints made by the public in the Portsmouth area were investigated compared with 65 in 1966. Again there is a significant increase in the number of complaint samples. The following summary gives some of the materials identified in the food indicated:—

Sausages	Lint and sticking plaster, mould.
Bread	Mould, oil, rust.
Butter	Mould.
Cake Confectionery	Mould, glass, insect larva, traces of aluminium from tart dishes.
Canned Fruit	Fruit fly, wasp.
Cheese	Housefly.
Sugar	Pieces of adhesive of 'cold solder type.'
Buttered Roll	Spread with margarine.
Meat Preparations	Purple dye, sulphiding, insect larva.
Mild Ale	43 per cent added water.
Bottled Red Cabbage and Piccalilli	Glass.
Pork Pie	Iron, dust and oily matter.
Milk and Milk Bottles	Mould, steel wool, larva.

The alleged 'glass' in canned salmon was identified as struvite common to this fish. Similarly the yellow solid present in canned grapefruit was naringin natural to grapefruit.

Insecticide spray was suspected on white grapes but analysis proved that the 'bloom' consisted of wild yeast, which is Nature's way of providing the attractive appearance of grapes.

Minced meat was thought to have an abnormal pink colour but there was no evidence of the addition of chemicals. The 'insect' in corned beef was found to consist of 'striped' muscle.

An allegation that a cauliflower had yellowed on cooking was investigated and again spray residues were suspected. However, after an exhaustive examination, it was shown that the yellow staining was due to a substance natural to cauliflowers. Apparently all cauliflowers become yellow to a greater or lesser extent on cooking and this sample was one which 'yellowed' considerably perhaps because it had been exposed to the air for some time while hot.

A sample of watered mild ale was brought in by an indignant member of the public. After the analysis was complete, the wrath of the complainant had subsided and he was by no means certain that the ale had been diluted by the publican; a careful watch on the House concerned did not throw any further suspicion on the publican since all subsequent samples were all of the correct 'proof'.

There have been further cases of staining of tarts, etc. by aluminium foil containers. Although perfectly harmless, this kind of contamination does give the food an unattractive appearance and the public are justified in their complaints. Some action on the part of bakeries to eliminate this frequent complaint would seem advisable.

It was possible to prove that the blue plastic cap found in a sample of biscuits was not present in the baking process. When heated to the normal baking temperature for biscuits it was completely deformed.

The presence of 'cold solder' in demerara sugar is difficult to understand.

Drugs

Faulty tablet punches were responsible for an excess of acetylsalicylic acid and a variation in tablet weight in Aspirin Tablets. The two manufacturers concerned undertook to take precautions to prevent a recurrence. Aspirin tablets purchased from a retailer (not a pharmacist) were found to contain an excess of free salicylic acid probably due to prolonged storage. The manufacturer arranged to have their supplies and products regularly inspected and analysed.

A sample of chemical food was found to be 10 per cent. deficient of its proper proportion of soluble iron and contained insoluble matter. The pharmacist withdrew the remainder of the stock from sale and undertook to ensure that the preparation was up to standard in the future.

The description 'Powdered Glucose B.P.' was used instead of the approved synonym Dextrose Monohydrate B.P. The pharmacist took the matter up with the wholesaler and the label was amended.

Reference to cardiac disease was made on the label of a sample of Weak or Tired Heart Mixture, contrary to the Code of Standards of Advertising Practice of the Proprietary Association of Great Britain. The mixture, if made according to the formula given, would have contained variable and possibly dangerous quantities of a potent glycoside, and was thus unsuitable for self-medication, in particular to those having cardiac disability. The manufacturer offered to remove all references to heart disease from the label but not to discontinue the sale of the product and the matter was referred to the Medical Officer of Health.

Methaqualone Hydrochloride Tablets were found to contain 14.0 per cent. of methaqualone hydrochloride in excess of the amount stated. This

amount was above the variation allowable and the manufacturer recalled the tablets in order to remake them correctly.

The sampling and analysis of medicines, sold only on prescription has been further increased during 1967, and these preparations constituted half the drugs examined. In general the modern synthetics are proving satisfactory, however, faults in these potent medicines could have more serious consequences than in most other samples, and this important part of our work will be further extended.

School Meals Service

50 samples of a variety of foods derived from School Meals Kitchens were examined.

Two samples from churns of pasteurised bulk milk consigned to schools from different dairies were deficient of the minimum limit of solids-not-fat. They were, however, naturally poor quality milk and contained no added water. Further samples were satisfactory.

An allegation that sausages had tough skins, an unsatisfactory taste and contained an excessive quantity of rusk was received. Analysis showed that the skins were not abnormally tough and that the sausages did contain more rusk than most. However, the taste was satisfactory although rather spicy and the total meat content satisfied the accepted standard of 65 per cent meat.

Portions of crumble and custard, mincemeat and fruit, comprising part of a school meal, were examined following a complaint that the meal may have caused sickness. Analysis showed no toxic metals present in quantities likely to cause the symptoms reported.

Other Food and Drug Authorities

Acting in the capacity of official Public Analyst the following samples were examined for neighbouring authorities:—

		<i>Isle of Wight</i>	<i>Gosport</i>	<i>Fareham</i>	<i>Havant</i>
Food and Drugs	.. ..	122	141	153	271
Unsatisfactory	.. ..	12	5	19	21
Percentage unsatisfactory	..	9·8	3·5	12·4	7·7

As many of these foods are on sale over a wide area these criticisms are of general interest.

ISLE OF WIGHT

A dietary loaf failed to comply with the Bread and Flour Regulations 1963 in respect of designation.

The statutory declarations on two samples of skimmed milk failed to comply with the Dried Milk Regulations 1965—one label having been partially overprinted with advertising matter.

The label of a casserole meat in gravy stated that the meat content was not less than 70 per cent. but was in fact found to contain only 63 per cent meat.

The decoration provided in a quick trifle pack contained a non-permitted colour.

The Isle of Wight with its many seaside resorts is conscious of its tourist trade and, with this in mind, samples of buttered buns, scones, etc. were examined. Two samples were found to contain a mixture of butter and other fat.

GOSPORT

The label of a lemon dessert mould displayed the words 'no sugar' which should not be applied to a food containing any carbohydrates if that food is intended for use by diabetics.

A sample of gin was found to be at least 4·8 per cent. deficient of its stated proportion of proof spirit.

Foreign matter in foods consisted of a trace of mould in a salmon spread and a pin which had probably been baked in a loaf of bread.

FAREHAM

Two samples of strawberry jam contained respectively 25 and 28 per cent. instead of 38 per cent of strawberry.

A cake labelled 'baked with butter' was found to be at least 60 per cent. deficient of its proper proportion of butter fat. Similarly, a biscuit label 'made with butter' implied that the fat used in this product was entirely butter whereas less than half was butter fat.

The label of a compound cheese preparation failed to give the appropriate designation of the cheese, i.e. processed or spread, and failed to include the words 'with prepared mustard' as required by the Cheese Regulations 1965.

The word 'digestive' was used to describe biscuits contrary to the recommendation of the Food Standards Committee. Almond marzipan contained the undeclared ingredient sorbic acid and the generic term 'cereal' was used in a list of ingredients of a garlic sausage.

A pork sausage meat contained 500 parts per million undeclared sulphur dioxide preservative; 450 parts per million is the maximum permitted.

The label of Full Sweet tablets failed to display the words 'cyclamate and saccharin tablets.'

A complaint sample of sweet displayed an unusual type of rancidity, and had a revolting taste. This sample was considered unfit for human consumption.

A list of contaminants in food is given below.

Bread Roll	A piece of painted metal from machinery or piping.
Portion of Loaf	Insect excreta, insect fragments, larvae webbing including fragments of the adult Mediterranean Flour Moth.

HAVANT

The label described a sample as 'Blackcurrant Wholefood' but, in fact the article was jam.

The non-permitted preservative potassium formate was found in a sample of salad cream.

The generic terms 'fruit acid' and 'artificial sweetener' were used in the list of ingredients of foam crystals instead of specific terms and similarly the term 'fruit acid' was used in the ingredients list of a baby food. These terms will be acceptable in 1971 but manufacturers who are already preparing and using labels with the new Regulations in mind present a legal difficulty.

A list of contaminants in food is given below.

Cod Fillet	Cigarette end.
Fish Paste	Mould.
Black Pepper	Excess sand and grit.
Milk	Mould, dirt and dust, bark, cork tissues of 'green wood' and fungus.
Cake Confectionery	Petroleum base grease and a yeast colony, filter tip from smoked cigarette.

Waters

CITY WATER SUPPLY

Four complaints from consumers were investigated and samples were examined bacteriologically and chemically and the following conclusions were reached.

<i>Complaint</i>	<i>Observations</i>
Plastic taste	Probably caused by the use of a plastic tap adaptor.
Chlorinous taste	No abnormality was detected.
Black deposit	No abnormality was detected in the sample submitted.
'Milky' appearance	Probably due to the release of dissolved air in the form of minute air bubbles.

Routine samples of the City Water Supply were examined and were found to be of good chemical and bacteriological quality and were free from significant metallic contamination.

The Social Medical Research Unit of the Medical Research Council has been investigating the association between cardio-vascular mortality and soft drinking water. Soft drinking waters may acquire a considerable amount of lead from lead pipes, etc. The lead content of both hard and soft waters after standing overnight in lead piping was therefore required. The City Analyst's Department assisted by determination of the lead content of 17 samples of local hard water taken from such plumbing systems.

SWIMMING POOL WATERS

During the summer months samples of water from two outdoor swimming and paddling pools were taken for bacteriological and chemical examination. On three occasions trace bacteriological contamination was reported and suitable action was taken. The bathing loads were heavy on these occasions but there was no evidence of continued contamination.

Regular samples were taken from Victoria Park swimming and immersion pools. There were still some unsatisfactory waters from Victoria Park in the early months of the year as experience was being acquired in the use of the new treatment. However from May onwards the bacteriological and chemical state of the water in this pool was very satisfactory.

School swimming pool waters have been submitted from time to time. Of these one school has a very satisfactory record. The other four have all had some treatment problems during the year. In three cases analysis and bacteriological examination of the water enabled them to make the necessary adjustments and return rapidly to normal working. One school—relying on hand dosing—continues to have difficulty in maintaining a satisfactory chlorine level without risk of excessive odour.

No complaints have been received from bathers; in fact in the case of Victoria Park swimming pool there has been much appreciation expressed regarding the appearance of the water.

SOUTHSEA BATHING BEACHES

For some years now there has been a general concern for the cleanliness of bathing beaches at holiday resorts and, in particular, the possibility of the re-entrant flow of untreated sewage discharged into the sea. In Portsmouth the sewage is discharged at the narrow mouth of Langstone Harbour on the ebb tide, and previous experiments had indicated that under these conditions the sewage is swept rapidly out into the Solent.

However, in January, 1967, the Health Committee requested a thorough examination of the bacteriological state of the Southsea bathing beaches, and in particular, a further investigation into the possibility of re-entrant flow from the discharge point at Langstone Harbour. It seems reasonable to suppose that, as the discharge only takes place at ebb tide, if there was any significant amount of sewage returning to the beaches some periodicity would be observed in the coliform count over a 12-hour period.

Accordingly 3-hourly samples were taken throughout a whole day at points along the seafront. This survey was repeated monthly throughout the year. Each sample was examined for total bacterial count, for coliform organisms and for E Coli Type 1. A total of 153 samples were examined.

In general the results were satisfactory and in terms of sewage—which may contain a thousand million coliform organisms per millilitre—very satisfactory. The results failed to show any regular variation over each 12 hour period, the variations encountered being completely random. Variations from one month to the next were, however, significant, the counts being much higher in the winter. Very wet weather also appeared to produce higher counts. There was no indication, therefore, that the bacteria present on the beaches was associated with the sewage outflow at Langstone Harbour; it is more likely that the bacteria are a natural phenomena associated with land drainage.

The results, together with suggested bacteriological standards for sea bathing, are shown in the block diagrams 3 to 7. In order to interpret these diagrams it should be remembered that the scale is expanded at the lower end in order to render the results in the summer months visible. It should also be noted that the continuous line represents an E Coli Type 1 figure and is therefore to be compared with the black columns and the dotted line is a coliform standard and must be compared with the white columns.

It is clear from the diagrams that in the summer months when bathing is most popular the bacteriological state is very satisfactory by any standards, and that whenever winter bathing is physically possible the bacterial counts are not so high as to cause concern.

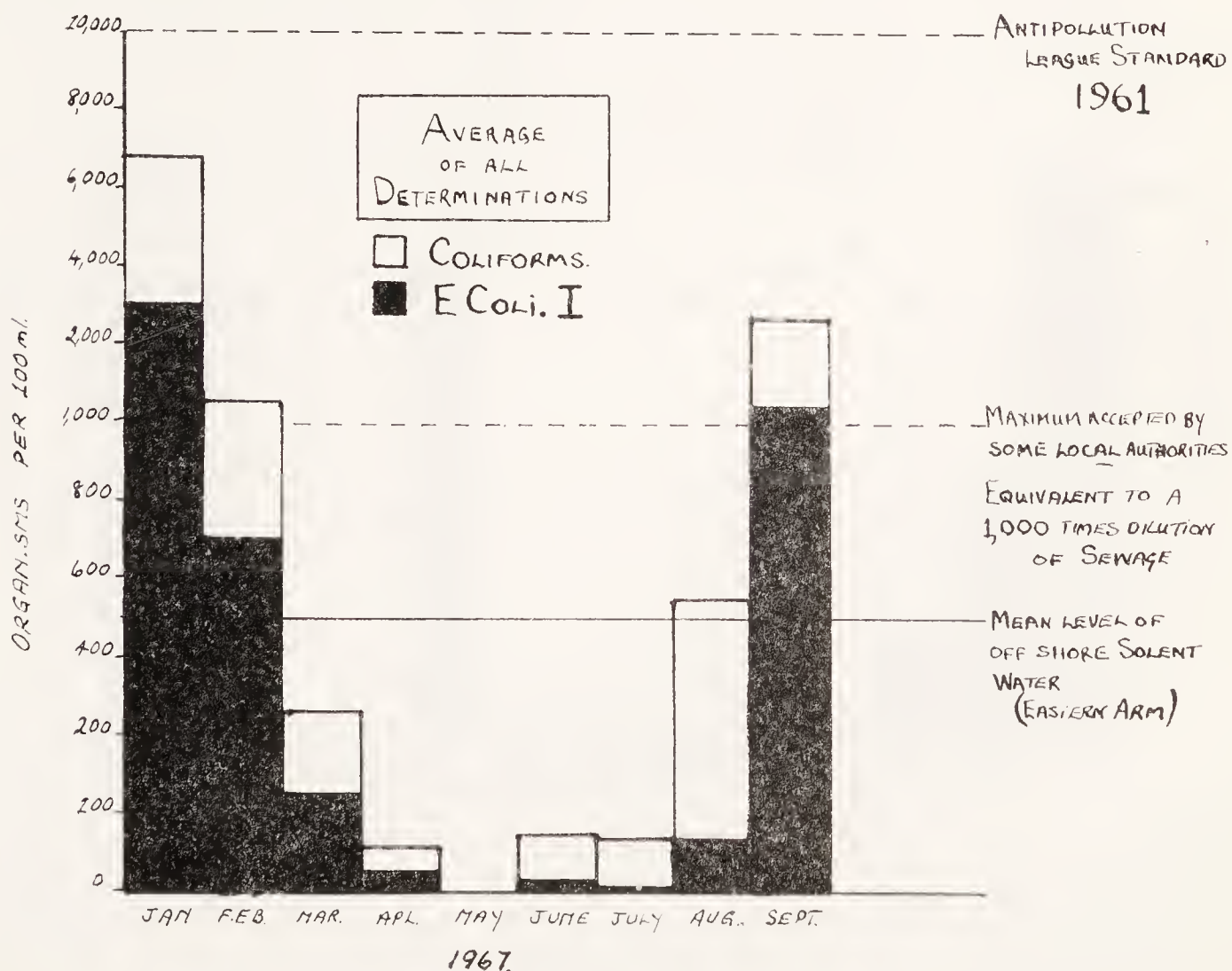


Diagram 3

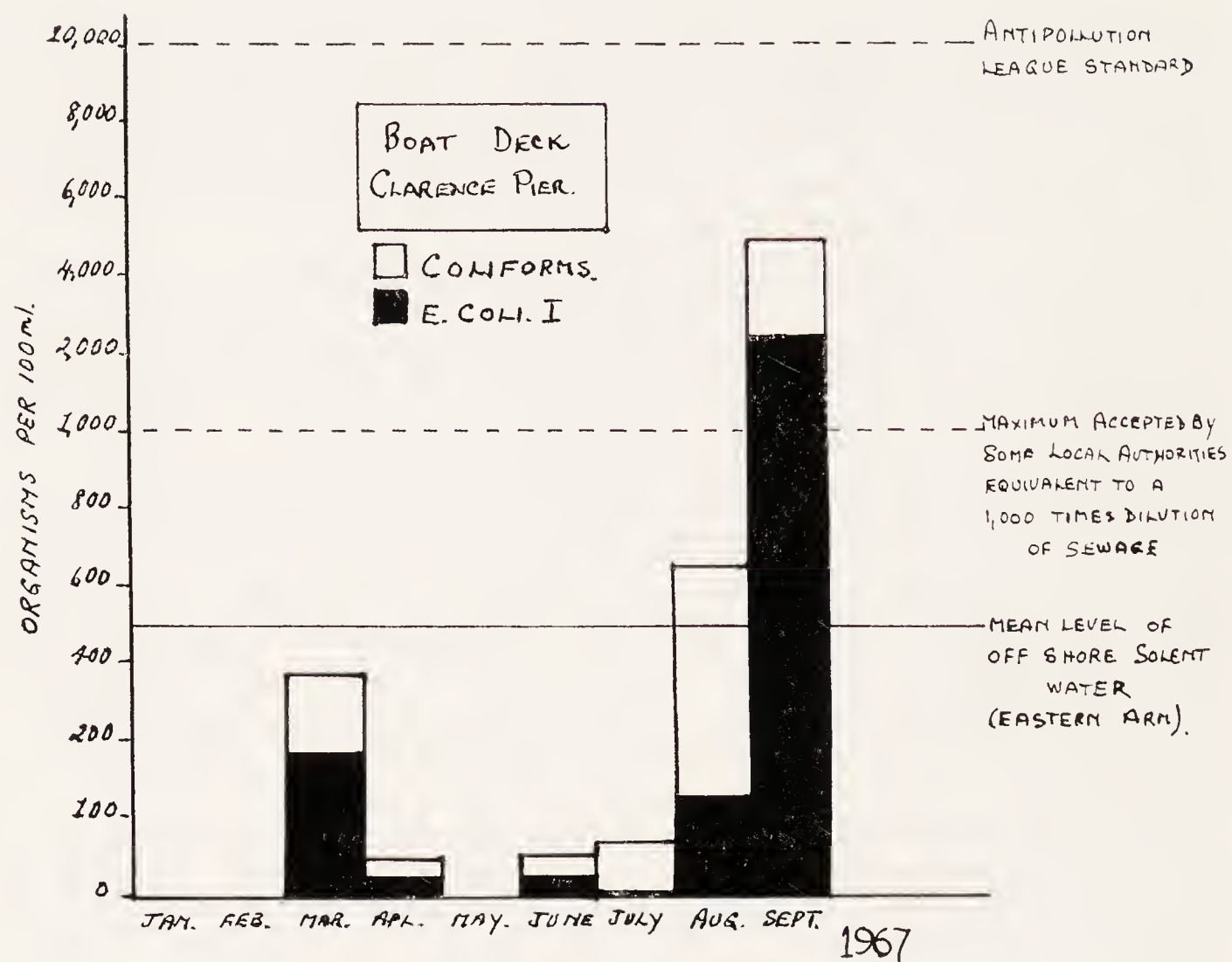


Diagram 4

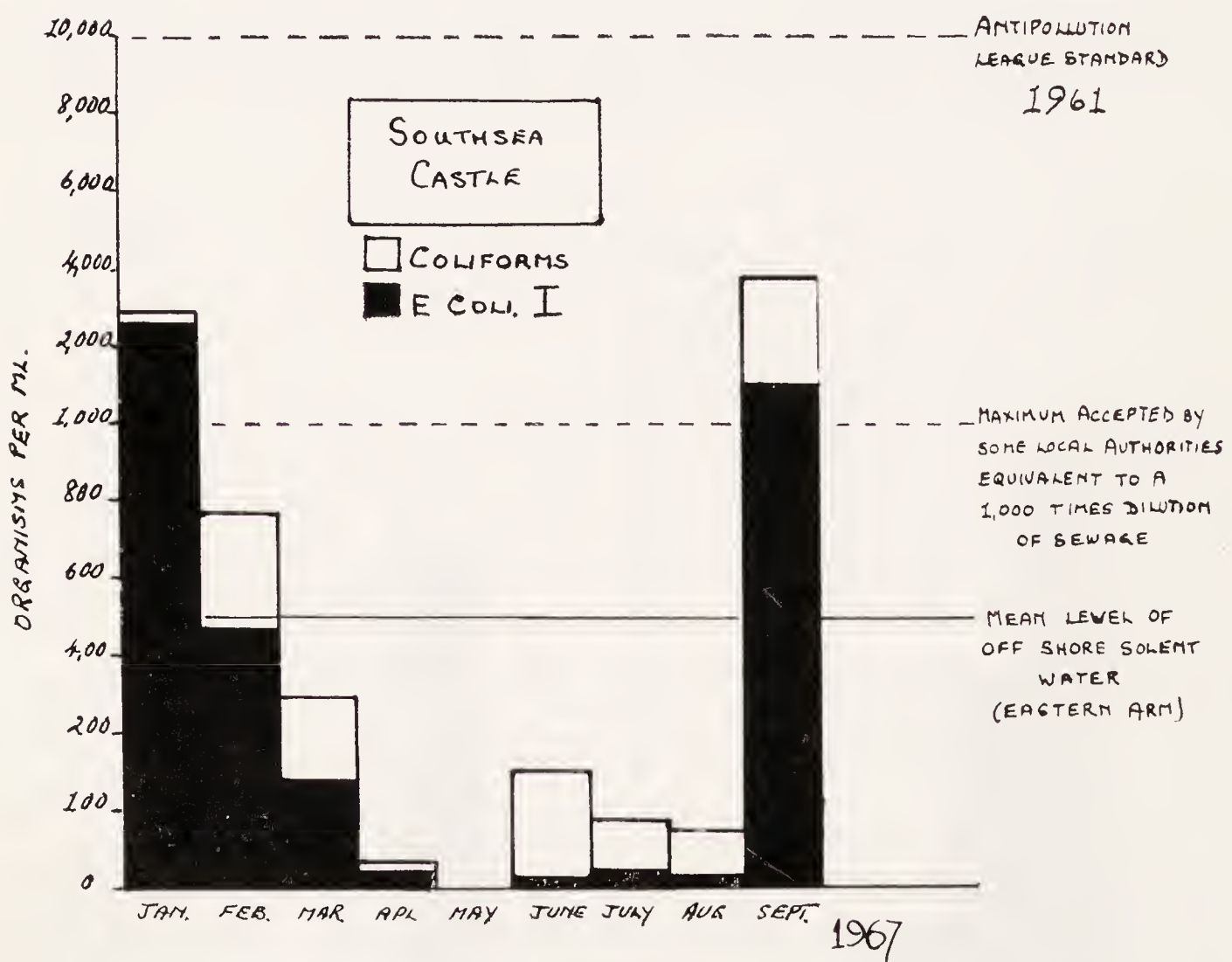


Diagram 5

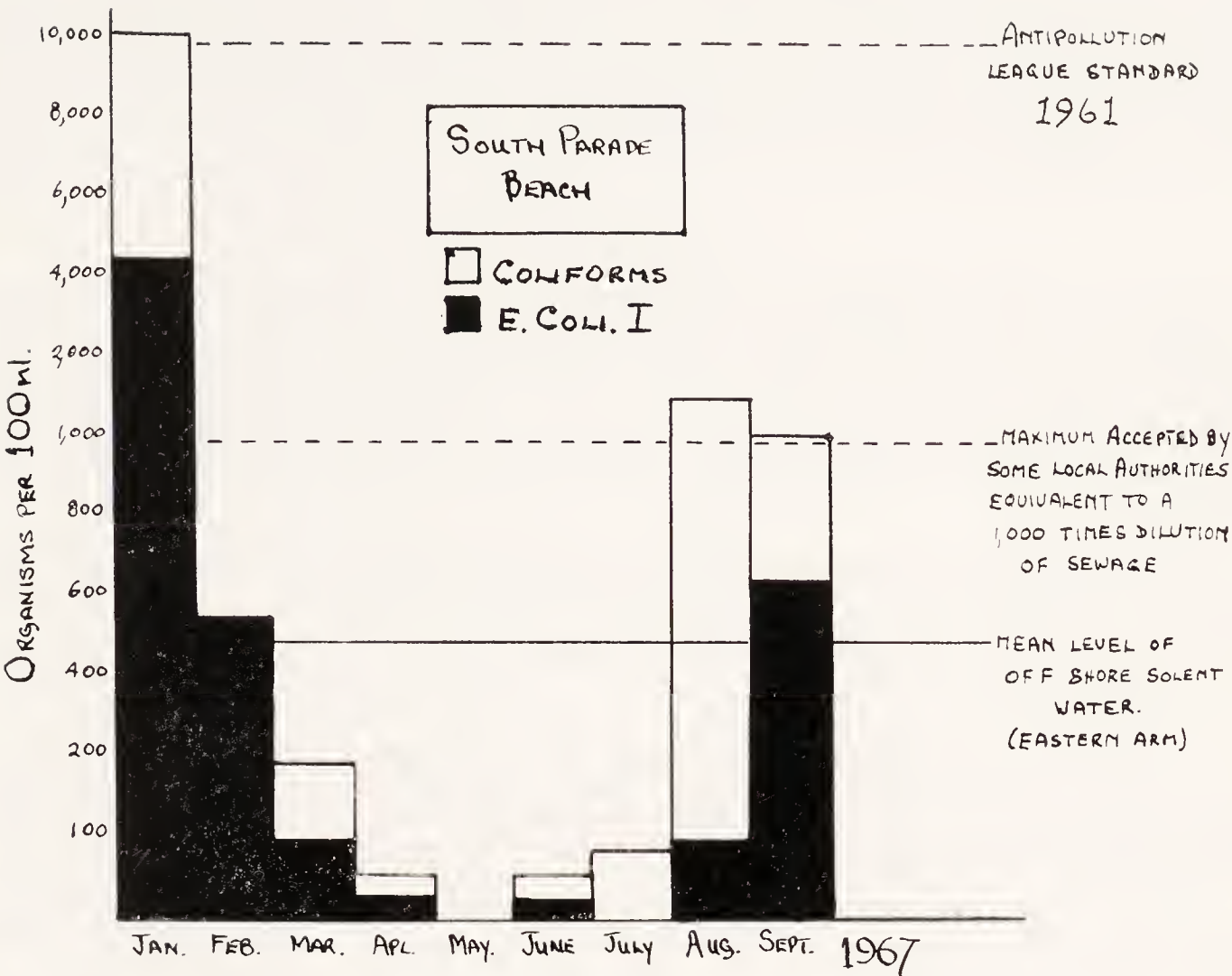


Diagram 6

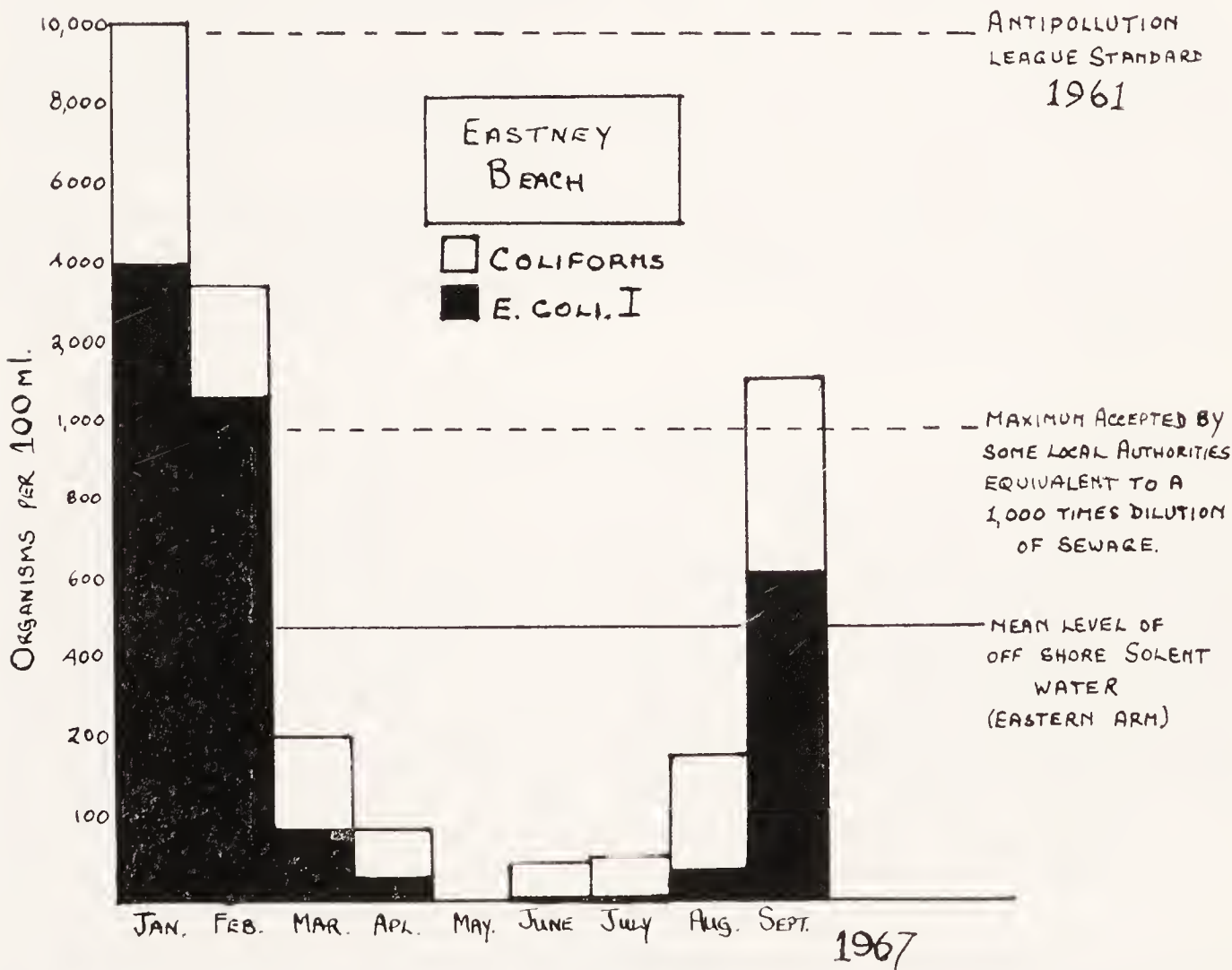


Diagram 7

Fertilisers and Feeding Stuffs Act 1926

Two samples of fertilisers and two of feeding stuffs were examined under the above Act. Of these one fertiliser and the two feeding stuffs were not accompanied by any statutory statements and in each case the retailers undertook to comply with the law in the future.

Atmospheric Pollution

In connection with the National Survey of Atmospheric Pollution, now in its sixth year, 2,479 sulphur dioxide and smoke determinations were carried out by the Department. As in previous years, the results continue to indicate a below average contamination of the atmosphere when compared with other areas having a 'light residential' to 'commercial working' environment.

The monthly analysis of rain water collected by a gauge at Church Road, Fratton, continues to indicate a relatively low degree of contamination of the atmosphere with dust and other materials.

Pesticide Residues in Food Survey

A total of 25 samples from Portsmouth and four other Local Authorities were analysed this year in connection with the above Survey.

The use of thin layer chromatography coupled with gas chromatography has enabled trace residues, well within the general reporting limit, to be detected and confirmed.

The results, to date, show no evidence of pesticide residues in excess of the reporting limits suggested by the Ministry for the Survey. On this basis there appears to be no short term hazard.

Eight residues of organo-chlorine pesticides have been detected and confirmed below the Ministry limit but in sufficient quantity to merit reporting to the Survey for statistical evaluation. One sample of Conference pears was found to contain 17 parts per thousand million of Tedion, an acaricide not normally associated with a sample of this type.

Whilst most foods examined contained some detectable pesticide residue, alpha and gamma B.H.C., D.D.T. and its metabolites being most common, some consolation may be drawn from the fact that three samples of beer and one of cider were negative.

Nutritional Survey

Assistance was given by the Department to the Nutritional Survey of the Elderly. This Survey is being carried out in selected areas of the United Kingdom, the results being co-ordinated by the Panel for the Nutrition of the Elderly under the auspices of the Ministry of Health Committee on Medical aspects of Food Policy and involves a statistical examination of the diet, state of health, and metabolism of elderly people. In the Portsmouth area information is being sought on riboflavin (vitamin B₂) excretion rates. The Department has so far analysed 13 urine samples for riboflavin content.

Toxicology

In 1967 a total of 240 specimens were submitted for analysis by the Coroners of Portsmouth, South East Hampshire and the Isle of Wight in connection with 108 inquests.

Examinations for alcohol were carried out on specimens from 40 fatalities resulting from road accidents. In 8 cases (20 per cent.), blood alcohol was detected within the range 50—200 milligrammes per 100 millilitres. This represents a decrease compared with 1966, when 74 per cent. of the samples submitted in this category showed alcohol present. Alcohol was also found to be a contributory factor resulting in death by drowning, fire, etc. in 10 other fatalities investigated.

In 29 of the remaining cases investigated, overdose quantities of barbiturates were found and, in 4 cases, alcohol was shown to be a contributory factor. In one case, the exceptionally high figure of 425 parts per million of barbitone was detected in the blood. This is equivalent to approximately 300 grains of barbitone in the total liquid body weight and, together with the barbitone found in the stomach contents (44 grains), gave a probable ingestion of at least 115 (three grain) tablets of barbitone.

10 cases of salicylate poisoning were reported, (compared with 8 in 1966), 2 of which were associated with alcohol.

Exhaustive searches for a wide variety of drugs known to have been available to the deceased yielded negative results in 14 cases.

In the remaining 4 cases, methaqualone, thioridazine, chlorpromazine plus carbromal and desipramine hydrochloride were detected respectively during the normal routine screening procedure. In each case the substances were extracted from blood, urine, stomach contents and liver, estimated and finally confirmed by thin layer chromatography.

Miscellaneous Samples

A sample of hair lacquer suspected of causing blisters was examined for irritant substances; although some objectionable hair lacquers have been marketed, this one seemed to be satisfactory. Probably the blisters were the result of an allergy.

A sample of dog repellent was submitted with a request for its composition and for comments on its suitability for use on Southsea promenade and other public places. The sample consisted of an aerosol container, the spray being a solution in benzyl alcohol of sassafras oil, together with a small amount of an isothiocyanate. It was recommended that a solution of chlorophyll should be considered for this purpose, rather than preparations of the type submitted.

The solvent of an adhesive used in educational establishments was found to be free from the hazards associated with the inhalation of benzene. Two tablets passed from one schoolboy to another as 'drugs' were not drugs of addiction but one aspirin tablet and one 'milk of magnesia' tablet. A boy subjected to a practical joke in the form of a dose of sneezing powder unfortunately became unconscious and upon regaining consciousness suffered from pounding in the ears. A careful examination of the powder showed that it was of normal composition i.e. finely ground vegetable tissue, mostly orris root. Although this kind of practical joke is to be deprecated no substances were present in the powder likely to cause the symptoms described. However, the label was very open to criticism since the pill box bore the description 'Beepee Sneezing Powder'. Of course, the product was not an official B.P. (British Pharmacopoeia) product and the use of 'Beepee' as a trade mark is, to say the least of it, presumptuous.

Doubts having been cast on the reliability of a supply of Vitamin E tablets, an examination was made of a sample of this supply. The Vitamin E potency was as stated; however, the tablets were erroneously labelled

Vitamin E. Tablets B.P.C. 1954. This monograph requires the use of Vitamin E acetate—the tablets were, in fact, Vitamin E succinate.

Amongst the many interesting samples submitted by members of the public during the year was the lid of a marmalade jar. No matter how carefully 'washed-up', this jar developed an unpleasant grey colour on the inside on standing. The puzzled owner became suspicious of the glazing and submitted the lid to the Department. It was shown that the grey colour was due to mould. Probably traces of sugar from the marmalade left in the pores were sufficient to maintain a mould colony. A more serious aspect of poor glazing is the 'leaching out' of lead. Experiments were carried out to simulate the storage of marmalade; up to 7 parts per million of lead appeared in the artificial 'marmalade'—well above the legal limit of 2 parts per million for foodstuffs. The owner did not need any further convincing that the article was not suitable for use as a marmalade pot.

The stomach contents of a valuable Dobermann dog suspected of being poisoned were free from all suspected poisons. A local firm, who felt they had been harshly treated by the consignees rejection of some electronic components, submitted samples in order to ascertain if the alleged corrosion hazard due to chlorinated plastics was significant. Subsequently further samples with a coat of varnish were submitted; the varnish proved sufficient to reduce any hazard to negligible proportions.

The gruesome consequences of taking massive doses of amphetamines is now well known. The young people who experiment in this way are brought into hospital in a condition such that they are unable or unwilling to give an accurate account of the amount taken. Accordingly, the rapid determination of amphetamine in urine may be a matter of life or death. One such sample was received this year.

A sample of Cream and Cheese Spread with a label in German was submitted in order to ascertain if the labelling complied with the Cheese Regulations 1965. In order to cover all the contraventions, the comments on this label ran into 350 words! Subsequently seven other products from the same importer were received for examination.

Amongst the scientific investigations carried out for the Architects Department of the Corporation was the investigation of faulty tile adhesion. The use of the Gas Chromatograph established the presence of small amounts of 'white spirit' in the tile adhesive. Laboratory trials showed that 'white spirit' was not a suitable solvent for tile adhesive and rendered the adhesion inadequate. The origin of the offending solvent appeared to be an asphaltic layer below the concrete screed which may not have been allowed to 'dry out' properly before the concrete was laid.

A report was made on the toxicity of noxious fumes in boiler houses. The City Analyst and a member of the staff rose at 4.30 a.m. one morning in January in order to take samples at the time the furnaces were being 'de-clinkered'. Fortunately the fumes, although unpleasant, did not constitute a toxic hazard to caretakers. An examination of samples—from a building site—of soil having a peculiar odour suggested that after the excavations were complete the odour would probably disappear.

The concluding item in this section on unusual samples involves a little known aspect of the work of the Department. Photography, particularly colour photography is of considerable value in the presentation of results to the general public and may be valuable evidence in a court of law. It is occasionally necessary to photograph very small objects, using both a microscope and a camera in combination. The resulting pictures are known

as photomicrographs. Useful experience, therefore, was obtained in preparing, on a contract basis, photomicrographs in colour of 18 dust samples, believed to be required as evidence in an Arbitration Court.

Fees

Fees charged for miscellaneous samples, together with the fees for work carried out under official appointments to neighbouring authorities, amounted to a total of £4,065.

Nature of Sample	Number Examined	Number Irregular
Food — <i>continued</i> Brought forward ..	1,144	44
Pickles	8	2
Pudding Mixture	2	—
Pulses	8	—
Roasted Salted Nuts	2	—
Sauce	2	—
Sausages	7	3
Shelled Peanuts	1	—
Sodium Glutamate Preparation	1	—
Soft Drink (concentrated)	9	2
Soft Drink (ready-to-drink)	28	6
Soup Powder	4	—
Soya Milk	1	1
Spices	8	1
Sugar	9	—
Sugar Confectionery	15	6
Sunflower Kernels	1	—
Tea	8	—
Tomato Sauce	8	—
Vinegar	1	—
Vitaminised Beverage	1	—
Yeast	1	—
Yeast Extract	1	—
Yoghourt	6	1
TOTAL FOODS ..	1,276	66
Drugs		
Adrenaline Injection	1	—
Aerotrol Spray	1	—
Albucid Eye Drops	1	—
Amphetamine Sulphate (benzedrine)	1	—
Amylozine Capsules	1	—
Ascorbic Acid Tablets	2	—
Aspirin Tablets	9	4
Baby Soothing Jelly	1	—
Benadryl Capsules	5	—
Centyl-K	1	—
Cod and Halibut Liver Oil, Capsules and Tablets	7	—
Diuretic Pills	1	—
Ephynal Tablets	1	—
Excedrin Tablets	1	—
Insomnia Pills	1	—
Melsidin Tablets	1	—
Mepacrine Hydrochloride Tablets	2	—
Methaqualone Hydrochloride	2	1
Methedrine Tablets	4	—
Mineral and Vitamin Syrup	1	—
Nasal Drops, Sprays, Capsules and Inhalants	5	—
Neo-Naclek K Tablets	1	—
Nivaquine Tablets	1	—
Pamine Bromide Tablets	1	—
Parrish's Chemical Food	4	1
Parstelin Tablets	1	—
Penicillin Preparations	6	—
Powdered Glucose	2	1
Prednisolone Tablets	2	—
Raudixin Tablets	1	—
Rose Hip Tablets	3	—
Tincture of Iodine	4	—
Torecan Tablets	1	—
Triptafen Tablets	1	—
	77	7

TABLE 2

SAMPLES OTHER THAN MILK NOT IN ACCORDANCE WITH STANDARD

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
A109 A111	Red Cabbage Pickled Onions	I I	Lists of ingredients not given in the correct order of proportion by weight.	Manufacturer introduced a new bottling process to ensure that the ingredients would be in the declared order.
A152	Weak or Tired Heart Mixture	I	Reference to cardiac disease was made on the label contrary to the Code of Standards of advertising practice of the Proprietary Association of Great Britain.	Manufacturer offered to remove all references to heart disease on the label but not to discontinue the product. Matter referred to the Medical Officer of Health.
A164	Powdered Glucose B.P.	I	The description was not an approved synonym for Dextrose Monohydrate B.P.	Pharmacist took the matter up with the wholesaler for the label to be amended.
A173	Chemical Food	I	10 per cent. deficient of its proper proportion of soluble iron and contained insoluble matter.	Pharmacist withdrew the remainder of this stock from sale and undertook to ensure that the preparation was up to standard in the future.
A188 A190 A191	Beef Sausages Pork Sausages Pork Sausages	I I I	Contained 180, 100 and 140 parts per million undeclared sulphur dioxide preservative respectively.	Three manufacturers /retailers were cautioned and undertook to display a declaration of preservative notice in the future.
A243 A244	Apricot Nectar Fruit Juice Passion Fruit Nectar Fruit Juice	I I	Contained 63 and 83 per cent. added water respectively and should be designated as soft drinks.	Manufacturer to amend labels.
A245	Spa Water	I	Label failed to comply with the Code of Practice relating to spa waters.	Label to be amended.
A246	Spa Water	I	Contained a high bacterial count.	Importer informed and matter taken up with the French supplier. A further sample was satisfactory.
A256	Finely Powdered Soya Milk	I	Misleading label, suggesting a dairy product.	Label to be amended.

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
A288	Soft Cheese with Smoked Salmon	I	The appropriate descriptions for these products are 'full fat soft cheese with smoked salmon' and 'full fat soft cheese with watercress.'	Labels to be amended.
A289	Soft Cheese with Watercress	I		
A290	Medium Fat Soft Cheese	I	The appropriate description for this product is 'full fat soft cheese'.	Label to be amended.
A291	Pasteurised Soft Ripened Cheese	I	The appropriate description for this product is 'full fat soft cheese'.	An imported product. Importer undertook to make no further shipments of this product due to the failure of the manufacturer to amend the label.
A294	Mushrooms, Butter and Cheese Spread	I	The appropriate description for this product is 'cheese spread with edible fungi'.	An imported product. Label to be amended.
A295	Soft Ripened Cheese	I	The appropriate description for this product is 'cream cheese'.	Product ceased to be imported on 1st February, 1967.
A356	Spread	I	Consisted of a mixture of glucose syrup, invert sugar and glucose, flavoured with honey but displayed a label liable to mislead the purchaser into believing the product to be honey.	Label to be amended.
A377	Processed Cheese Full Cheddar Flavour	I	The appropriate description is 'full fat processed cheese'	Old stock. Label already amended.
A395	Crab	I	Label failed to display the name and address of the packer.	No further shipments of the product to be accepted by the importer until the label is corrected.
A420	Beefburgers 'now blended with butter'	I	Contained only 2.6 per cent. butter fat, an insufficient amount to justify the prominence given to the claim.	Manufacturer to state on the label the percentage of butter present in the product.
A461	Pork Sausages (sugar confectionery)	I	Voluntary list of ingredients included the term 'glucose' instead of 'glucose syrup'.	A seasonal product criticised in August 1966 when manufacturer undertook to alter the label for the 1967 season. Manufacturer cautioned.
A505	Instant Please	I	The designation of the article was not informative.	Importer ceased to take any further shipments of the product.

No.	Nature of Sample	Formal Informal	Nature of Offence	Observations
A508	Advocaat Punch Yoghourt	I	The label failed to declare artificial colouring in the list of ingredients.	Manufacturer no longer using artificial colour in the product.
A520 } A521 }	Unlabelled Cans	I I	Contained sliced carrots in liquor.	Retailer removed remainder of unlabelled cans from sale and undertook to comply with the law in the future.
A558	Aspirin Tablets B.P.	I	Contained 4.7 per cent. in excess of the proper proportion of the acetylsalicylic acid.	A tablet punch had become out of adjustment and the manufacturer undertook to take precautions to prevent a recurrence.
A562 } A652 }	Aspirin Tablets B.P.	I I	The variation in tablet weight exceeded the limits prescribed in the B.P. for tablets.	A worn tablet punch had been found and the manufacturer undertook to take precautions to prevent a recurrence.
A563	Aspirin Tablets B.P.	I	Contained free salicylic acid in excess of the limit prescribed by the B.P.	Manufacturer replaced stock of the product held by the retailer and undertook to have the product regularly analysed.
A597	Fruit Salad in Syrup	I	Voluntary list of ingredients given in wrong order.	Retailer (a supermarket) contacted the canner regarding an adjustment of the contents.
A608	Lancashire Rarebit	I	The product should be labelled 'cheese spread with spices'.	The product was criticised in February 1966. An expensive error in the design of the new label was responsible for the delay in producing an amended label.
A732	Crushed Chillies	I	Contained an excess of sand and grit.	Chillies to be cleaned before crushing in future. Importer removed the stocks of the product held by retailers from sale.
A736	Orange Crush	I	Contained the non-permitted colour Yellow RY.	Old stock. Manufacturer had discontinued the use of of this dye.

No.	Nature of Sample	Formal Infor- mal	Nature of Offence	Observations
A737	Raspberry Pie Filling	I	Contained the non-permitted colour Ponceau SX.	Old stock. Manufacturer had discontinued the use of this dye.
A774	Strawberry Jam	I	Label failed to display the name and address of the packer.	Label to be amended.
A874 } A925 }	Buttered Rolls	I F	Spread used was wholly margarine.	Vendor cautioned.
A905 } A920 } A922 }	Orange Squash	I I I	62 per cent., 24 per cent. and 64 per cent. deficient in fruit juice respectively, i.e. diluted with too much water.	Three vendors cautioned.
A911	Orange Squash	I	Consisted of a flavoured mineral water, i.e. orangeade and contained no fruit juice.	Vendor cautioned.
A918	Orange Squash	I	Consisted of a comminuted drink labelled 'orange drink' but was incorrectly sold in response for orange squash.	Vendor cautioned.
A946	Cockles	I	Sample bore no label giving the common or usual name of the article and a list of ingredients.	Retailer to provide a label in the future.
A961 A1009	Whole Crush Orange Squash 'Rich in Vitamin C . . . contains not less than 10 mgms. of ascorbic acid (Vitamin A) per fl. oz.'	I I	80 per cent. and 66 per cent. deficient respectively of the stated proportion of Vitamin C. There was insufficient Vitamin C to justify the claim 'Rich in in Vitamin C.'	The first sample was old stock, the second was of recent manufacture. Manufacturer cautioned.
A1008	Creamed Rice Milk Pudding (canned)	I	Contained an excessive quantity (9.2 per cent.) of added water.	Manufacturer admitted using, inadvertently, milk low in solids-not-fat for a batch of the product.
A1036 } A1079 }	Marzipan	I I	Labels failed to declare sorbic acid in the list of ingredients.	Manufacturer to amend the label or formula.
A1043	Ground Almonds	I	Contained a maggot probably a pink corn worm larva. The infestation resulted in the puncture of the inner cellophane wrapper.	Importer checked the stocks held by retailers and gave an undertaking to take precautions to prevent a recurrence.

No.	Nature of Sample	Formal Infor- mal	Nature of Offence	Observations
A1074 } -6 } A1253 } -4 } (5 samples)	Piping Jelly Soft Icing	I I	All samples failed to declare glucose syrup in the list of ingredients and three sam- ples contained non-per- mitted colours.	Product of Norway. Importer removed all remaining stocks from sale and gave an assurance that all future imports would comply with the law in this country.
A1169	Methaqualone Hydrochloride Tablets-150 mg.	I	Contained 14·0 per cent. of methaqualone in excess of the amount stated.	Manufacturer immediately re- called all the tablets so far made and remade the tablets.

TABLE 3

MISCELLANEOUS SAMPLES

Consulting Service			Pesticides Survey			Milk Powder .. 1		
Adhesive Labels and			Portsmouth:			Minced Meat .. 1		
Tape 2			Turnips 2			Piccalilli 1		
Chicken Fat 6			Margarine 1			Processed Peas .. 1		
Cheese Spread .. 1			Lettuce 2			Prunes 1		
Dust 3			Minced Beef .. 1			Pudding Mixture .. 1		
Eggs 1			Wholemeal Bread 1			Remnants of Meal 1		
Feeding Meat and			Gosport:			Sausages 3		
Bone Meal .. 1			Brown Ale .. 1			Scones 1		
Fuel Oil 1			Lard 1			Sugar Confectionery 1		
Hair Lacquer .. 2			Milk 1			Whistle Gum .. 1		
Ice Lolly Concentrate 3			Spring Cabbage 1			Health Department		
Lid and Scum from			Fareham:			Atmosphere from		
marmalade pottery			Bramley Apples 1			boiler house .. 2		
jar 2			Breakfast Cereal 1			Cement Compound 1		
Liniment 1			Milk 4			Dog Repellant .. 2		
Meat Pies 1			Pears 1			Orangeade 1		
Milk 9			Havant:			Orange Drink .. 1		
Olive Oil 1			Parsnips 1			Ribena 1		
Photographs of Dust 18			Runner Beans .. 1			Rose hip 1		
Plastic Covers, Foil,			Sausages 2			Remnants of Meal 1		
Strip, Coated Wire			Isle of Wight:			Sneeze Powder .. 1		
and Sleeving .. 5			Cider 1			Spring Drink .. 1		
Portion of Ceiling .. 1			Ground Coffee .. 2			Sub-Floor Space		
Prescription Drugs .. 3			Pale Ale 2			Water 7		
Sachet Constituents.. 12			Sausages 2			Tablets 1		
Sausages 1			Purchasers' Complaints			Teddy Bear 1		
Solid matter from Oil			Blancmange 1			Toy Beads 1		
Filter 1			Biscuits 1			Coroners' Specimens		
Soil 2			Bottle (having con-			Portsmouth 117		
Specimens from Dog 3			tained red cabbage) 1			Isle of Wight .. 59		
Steel Wire 1			Bread 8			South Hampshire .. 57		
Sub-Floor Space			Butter 1			Miscellaneous .. 7		
Water 1			Buttered Roll .. 1			Architect's Department		
Tablets 2			Cake Confectionery 6			Clay 3		
Tallow 1			Canned Fish .. 1			Liquid Asphaltic		
Urine 2			Canned Fruit .. 3			Composition .. 1		
Vitamin E Tablets .. 1			Cauliflower .. 3			Education Department		
Water (not drinking) 5			Cheese 1			School Meals Service 50		
Water (drinking) .. 10			Cornflakes .. 1			Engineer's Department		
Constructors John			Demerara Sugar 1			Cement, sand, water,		
Brown Limited—			Foil case from Bacon			sewage and		
Sewage and Sewage			Pie 1			aggregate 1		
Effluent .. 35			Foreign matter from			Earth, fines and stones 1		
Laboratory Information			Cake 1			Oil and Sludge .. 3		
Blood 1			Foreign matter from			Sea Water 1		
Cattle Feeding Stuff 2			Peas 1			Sea Weed 1		
Passion Fruit .. 2			Gee's Linctus .. 1			Sewage 1		
Raspberry Pie Filling 1			Grapes 1			Water (not drinking) 1		
Sausages 1			Instant Coffee .. 1			Fire Brigade Department		
Sneeze Powder .. 1			Honey 1			Antifreeze 1		
Steel Wool 1			Meat Pie 1					
Nutritional Survey			Meat Preparation .. 5					
Urine 13			Mild Ale 1					
			Milk 3					
			Milk Bottle 14					

Curator's Department				Borough of Newport				Havant and Waterloo U.D.C.			
Soil	..	..	1	Fudge Cake	..	..	1	Frying Oil	..	..	3
				Sliced Loaf	..	..	1	Pond Water	..	..	1
Contracts and Supplies								Swimming Pool			
Bleach	..	..	2	Borough of Ryde				Water			
				Cooked Winkles	..	..	1	Water (drinking)			
Testing Department				Date Box	..	..	1				
Fabric Softener	..	..	1	Water from Paddling Pool	..	..	2				
Portsmouth Group Hospitals				Cowes U.D.C.				Isle of Wight County Council			
Air	..	..	1	Chocolate Swiss Roll	..	..	1	Powder	..	..	1
Blood	..	..	2	Tomatoes	..	..	1	Tablets	..	..	1
Dextrose and Sodium Chlorine Injection	..	..	1	Fareham U.D.C.				Petersfield U.D.C. and R.D.C.			
Urine	..	..	3	Filling from Teddy Bear	..	..	1	Fish	..	..	1
Aldershot U.D.C.				Sewage Effluent	..	..	6	Pond Water	..	..	1
Sub-Floor Water	..	..	1	Strawberry Pulp	..	..	1	Swimming Pool	..	..	1
Water (drinking)	..	..	10	Toy Feeding Bottles	..	..	1	Water	..	..	1
Alton R.D.C.				Trade Effluent	..	..	1	Water (drinking)	..	..	1
Pond Water	..	..	2	Water (drinking)	..	..	1				
Sewer Scrapings	..	..	1	Fleet U.D.C.				Sandown/Shanklin U.D.C.			
Water (drinking)	..	..	1	Water (drinking)	..	..	3	Evaporated Milk	..	..	1
								Liver Sausage			
Borough of Gosport											
Pond Water	..	..	1								
Sewage Effluent	..	..	1								
Solid matter from Sewer	1					Isle of Wight River and Water Authority			
Sewage Effluent	1					Water (drinking)			
								..			
								13			

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ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1967

HEALTH EDUCATION

Organisation

During 1967, the Health Education Working Party met every two months to consider health education projects and to decide priorities. The Chairman is the Senior Medical Officer for the School Health Services and members of the party include the Principal School Dental Officer and the Superintendent of Health Visitors and School Nurses, together with representatives from the Health Inspectors, Midwives, Mental Health Workers and the administrative staff. The composition of the group ensures that several sections of the Health and Education Departments are informed about the work planned and proceeding. The interchange of ideas and experiences is already proving valuable.

Smoking and Health

(A) SCHOOLS

Five of the School Medical Officers and one Health Visitor have been involved in continuing this campaign in schools. Dr. Joan Barnard has dealt with this subject in some of the girls' schools, whilst Dr. Dawe, Dr. Hallett, Dr. Hilton and Dr. McCann have given twenty-seven sessions on this topic to boys and girls in secondary schools.

At Hilsea Secondary Modern School for Girls, Dr. Hilton was joined by the Health Visitor, Miss Barbara Smith, and, following a short introduction and the showing of the film, 'Smoking and You', the girls divided into two discussion groups. In the smaller gatherings, discussion was possibly less inhibited and both Miss Smith and Dr. Hilton felt that this method would be worth further exploration.

The Head Teacher of the Southern Grammar School for Girls invited the School Health Service to cover the topic of smoking and health, together with information about drugs, for a meeting of parents. This meeting was exceedingly well-attended, and the parents put a number of questions and requested that similar information be included in the school programme. With the Headmistress's co-operation, this was arranged.

At Stamshaw Junior School, an experiment in health education, through children's participation, was discussed first with the Head Teacher who suggested that we initially involved the school 'leaders'. These children are in the senior class at the primary school and are regarded as the more responsible element in the school to whom the juniors look for an example. After a short introduction on the topic, the film, 'Smoking and You', was shown. The children then discussed with Dr. Hilton what steps might best be taken to offer this information to the rest of the school. The boys and girls themselves said that they would like others in the school to see the film. They were also interested in the idea of the Junior League of Non-Smokers; they wished to see posters, leaflets and bookmarks which are available.

And so another session was arranged when the film, 'The Black Sheep,' was shown, showing the development of the Junior League of Non-Smokers in two schools, one in Wales and one in London. This project caused considerable interest in the school and many of the children wished to join the club, which had its own badge obtainable from the British Medical Association Family Doctor Publications Office. The local evening paper was quickly interested and one of their reporters and a photographer came along to interview the Health Education staff with the Headmaster. This was followed by interest from the local television programme organisers, who came to the school, filmed and interviewed children and the Headmaster. The item was also sufficiently newsworthy to attract radio attention as it is thought to be the first occasion on which such a club has been started in a junior school; it had previously only been offered to secondary schools.

When the Stamshaw junior school children moved on to secondary schools, the Headmaster, Mr. N. J. Collings, wrote to the new Head Teachers, explaining that the children coming to their school from Stamshaw had joined the Junior League of Non-Smokers and in the process, had promised that they would not smoke cigarettes until they left school.

We know that the influences brought to bear on youngsters start at a very early age, and I feel we cannot completely ignore the fascination which sweet cigarettes have for very young children. It is clear that these youngsters are modelling themselves particularly upon their parents, who may well be idly browsing through their latest family catalogue from 'Players', showing over a thousand items, available to them in exchange for vouchers found in their cigarette packets, displayed in beautiful colour reproduction. One feels bound to wonder about the health prospects of a family where the parents are smoking cigarettes in order to save 940 vouchers for a 'Wild West playsuit and hat, fitting a five to seven year old', or a portable sewing machine for 18,000 vouchers, or a high-backed pushchair for 1,750 vouchers.

A recent article* stated:—

'The early school leaver is open to social pressures of all kinds to adopt the habit and finds in it a means of expressing to himself and others his attainment of adult status.'

However, the writer of the article goes on to comment on the results of her survey:—

'A further sixty per cent were of the opinion that both "something" should be done to discourage young people from smoking and that advertising of cigarettes and tobacco should be banned.'

It is not uncommon, when talking to school children about cigarette smoking and health, to be asked by one of the youngsters, 'Sir. If cigarette smoking is not good for people, why is the advertising of cigarettes still allowed?' We know that in the United States a law has been enacted requiring health warnings to be printed on cigarette packets. This is a small but useful step, and one in which we may be well advised to follow the example of our friends across the Atlantic. After all, we are not noting simply an increase in numbers of deaths each year from cancer of the lung, but a real increase in death rates. The Table below shows an increase in the death rates per

*Health Education & Cigarettes Smoking: An Appendix on Adolescence, by Gillian R. Stanley, B.A., Dept. of Social Medicine, Univ. of Edin., appearing in the Health Bulletin, Vol. 24, No. 3, issued by Chief Medical Officer, Scottish Home & Health Dept., July 1966.

1,000 live male population in Portsmouth, whereas the death rate per 1,000 British doctors shows a decrease. It is known that a notable proportion of British doctors have given up smoking cigarettes.

LUNG CANCER DEATH RATES IN MEN
COMPARISON OF PORTSMOUTH POPULATION AND BRITISH DOCTORS

Year	Portsmouth Male Population	Portsmouth Lung Cancer Deaths	No. Deaths per 1,000 Live Male Population	No. Deaths per 1,000 British Doctors
*1955 ..	119,350	68	0.57	} 1.09
*1956 ..	115,550	78	0.67	
*1957 ..	113,450	76	0.67	
*1958 ..	111,400	77	0.69	
*1959 ..	110,150	89	0.81	} .083
*1960 ..	108,760	119	1.09	
1961 ..	113,965	118	1.05	
1962 ..	113,338	117	1.03	
1963 ..	112,450	109	0.97	} 0.76
1964 ..	110,735	106	0.95	
1965 ..	108,140	120	1.11	
1966 ..	108,890	117	1.07	
1967 ..	109,555	126	1.15	

*Estimated figures relating to male deaths—the only statistics available for these years showed total male and female deaths but did not split them.

(B) ADULTS

SMOKERS' ADVISORY CLINIC

The Smokers' Advisory Clinic continued to run successfully during 1967, and helped a significant proportion of cigarette smokers to discontinue their habit. The clinics have continued in their previous form with slight modifications from time to time. We now make a routine of taking peak flow meter measurements at the first and the last contact with the patient. We are struck by the number of women who find it exceedingly difficult to stop cigarette smoking.

Drug Misuse

Immediately the film entitled 'Drugs and the Nervous System' became available in the City, the opportunity to discuss its use was made available through the kind co-operation of the Headmaster of the Southern Grammar School for Boys. On this occasion, Dr. R. G. Congdon, the Senior Medical Officer for Mental Health, together with Dr. Hilton and Dr. Hallett, attended. The discussion following the film was very lively and illuminating.

It was felt that the film was a useful starting point for discussion on the topic of 'Drug Misuse', and Dr. Hilton later used the film in the Southsea Modern School for Boys, where Mr. B. Davies, the Headmaster, and his staff were keen that the boys should be given an opportunity to consider the problem.

General Health Talks

A series of general health talks tailored to the needs of different groups was provided by Health Visitors at Kingston Modern School for Girls, the Salvation Army Training Hostel and the Free Church Women's Shelter, St. Paul's House, for Adolescent Girls.

Films were also shown and talks given by Health Visitors to Young Wives' clubs, Mothers' clubs, Women's Fellowships, Southsea and Cosham Towns Women's Guilds.

Mothercraft and Related Subjects

Several sessions with Health Visitors were devoted to these topics in secondary modern schools for girls.

Child Development

Miss D. O. Learmont, the Superintendent Health Visitor, spoke to Kingston Modern School for Girls on the first two years of life.

Personal Relationships

In several schools, sessions primarily devoted to allied topics have resulted in discussion on problems associated with personal relationships. This has occurred whether the introduction has been given by a Health Visitor or by a medical member of the School Health Service. One is bound to wonder whether the interest already shown in some of the girls schools should be supplemented and reinforced by deeper discussions in the corresponding boys' schools, including perhaps strong encouragement to read such books as 'Young Mother' by Josephine Kamm, where in easily assimilable form is presented an account of the traumatic experiences before and after an 'event' in the life of a sixteen year old school girl. I am sure we wish to avoid a totally inhibitory effect, as remarked in the Quaker Essay* :—

'Sexuality, looked at dispassionately, is neither good nor evil—it is a fact of nature and a force of immeasurable power.'

Rather than simply condemning promiscuity we would prefer to do something about the basic causes, realising that it is

'... often the expression of loneliness and insecurity, born of the lack of experience of real relationships with others.'

Venereal Disease

Following very helpful discussions with Dr. J. M. Couchman, the Consultant Venereologist, over sixty factories and departmental stores were visited by Mr. C. J. Rambridge from the Health Education Section, and contact made with Personnel Officers, Welfare Officers, and Industrial Nurses regarding a poster campaign on venereal disease in women.

Small posters (19 cms. x 25 cms. approximately) were printed on coloured backgrounds with the message given below about diagnosis and treatment facilities:—

*Towards a Quaker View of Sex, 1964, Friends Home Service Committee.

YOUR HEALTH

You will know that many women have vaginal discharge, irritation or soreness at some time. There are several causes for these conditions which can nearly always be cured by simple treatment once the correct diagnosis has been made.

It is possible to have one or more of these conditions without being aware of it, and they can be transmitted to a sexual partner, who may in fact, be a source of infection.

For confidential advice and/or treatment, or for a check-up, particularly following any sexual risk, you may attend at:—

**SPECIAL TREATMENT CENTRE,
(C2)
OUTPATIENTS DEPARTMENT
(FIRST FLOOR)
SAINT MARY'S GENERAL HOSPITAL,
PORTSMOUTH**

on

Monday	4.30—7.00 p.m.
Tuesday	9.30—12 noon & 4.30—7.00 p.m.
Wednesday	2.00—7.00 p.m.
Thursday	9.30—12 noon & 4.30—7.00 p.m.
Friday	9.30—12 noon & 4.30—7.00 p.m.

or by appointment

Portsmouth 22331 Ext. 232

Firms were asked to fix them on the inside of cubicle doors in female lavatories and arrange that they be changed at intervals of not more than two weeks. In this way, they continued to draw attention to the advice given and this was made much more likely by the use of six different highly fluorescent colours.

First Aid Courses

(A) FOR TEACHERS

Early in the year the response to the offer of a very short first aid course for teachers was such that three courses were running simultaneously at three Health Advisory Centres, i.e. Portsea, Northern Parade and Prince Albert Road. The very basic topics were covered in four sessions after school and the fifth session was devoted to the screening of a first aid film followed by discussion with the tutor and school medical officers.

A further basic course on first aid was given to teachers later in the year, and in the Autumn Term, six lectures on first aid were provided for student teachers at the College of Education.

The work of the Health Visitors in these Courses has been greatly appreciated.

(B) Highbury Technical College

A series of lectures on first aid topics was given by Dr. Q. McCann to a course at Highbury Technical College.

Dr. Hilton subjected the candidates to an examination at British Red Cross Society standard.

Industrial Health

Later in the year, Dr. Hall started to visit factories with regard to industrial diseases and health.

Display

The shop windows of the Elm Grove Welfare Foods Distribution Centre were fitted with a white pegboard background. The space has been used to display visual material dealing with some aspect of health. Use has been made of polystyrene cut-outs and the full depth of the window space has been used, thus avoiding a flat presentation. Spotlights have helped to direct attention to the window and the use of a time switch has meant that the display has been perhaps even more obvious at night.

Topics have included General Health Hazards in the Home, Dental Health and, in December, Toy Safety. The last, being a Christmas seasonal display, caught the interest of the local press and members of the staff were interviewed. This resulted in an article appearing on a popular page in the local evening paper, thus adding greatly to the impact of the display.

In-Service Training

A half-day study session was arranged on 'Health Education', in the Conference Room at Western Parade, by the Superintendent Health Visitor, Miss D. O. Learmont. Miss Pitcairn-Jones, the Health Education Officer, Hampshire County Council, kindly dealt with the topic, 'Teaching the Young', in a sufficiently stimulating way to cause considerable discussion. This led on to a panel session in which Miss Pitcairn-Jones, Miss Learmont, Dr. Hall and Dr. Hilton took part.

